

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space. ✓

NOV 20 1934

35907

**1. PLACE OF DEATH**

County Jackson Registration District No. 398

Township Independence Primary Registration District No. 3019

City Independence (If nonresident, give city or town and State) Missouri

**2. FULL NAME**

(a) Residence, Name (Usual place of abode)

Length of residence in city or town where death occurred

Ward. Blue Springs Road

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

File No. \_\_\_\_\_

Registered No. 333

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Yorkum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
				<u>26</u>	<u>0</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I have

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair County Missouri

FATHER 13. NAME James Bybee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER 15. MAIDEN NAME Ida Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Missouri

17. INFORMANT (ADDRESS) Wesley Bybee 2140 Sprague Ave

18. BURIAL, CREMATION, OR REMOVAL Bellevue Hospital Oct 13 1934

19. UNDERTAKER (ADDRESS) Winters - Sellers 2140 Sprague Ave

20. FILED 10-15 1934 J. L. Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis from gunshot wound abdomen

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Sept 12 1934

Where did injury occur? Jackson County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 38 caliber pistol

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Wesley Bybee, M. D.

(Address) 2140 Sprague Ave

