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.

MAR 2 1935

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

Do not use this space.

2647

File No. .....
Registered No. 10

1. PLACE OF DEATH
County: St. Francois Mo
Registration District No. 773
Township: St. Francois
Primary Registration District No. 4464
City: Farmington (No. ..... St. ..... Ward)

2. FULL NAME Lethia Ann Byington Cox

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Samuel C. Byington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18 1857

7. AGE: Years 77 Months 5 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year): One Year
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co Mo.

FATHER
13. NAME: James Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Francois Co Mo

MOTHER
15. MAIDEN NAME: Delilia Orr,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Bert L Byington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masonic DATE: Jan 18 1935

19. UNDERTAKER (ADDRESS): Farmington Undt. Co.

20. FILED Jan. 17 1935 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 16 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1933, to Jan 16, 1935
I last saw h. alive on Jan 14, 1935. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	1932
P.S.E.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G. L. Watkins, M. D.
(Address) Farmington Mo