

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.

JUL 23 1935

22880

1. PLACE OF DEATH

County *Stewart*
Township *Panola mo*
City *Panola mo*

Registration District No. *387*
Primary Registration District No. *33-40*

File No.
Registered No.
St. Ward)

2. FULL NAME

Alicia Hibbard Byers

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *fo.* 4. COLOR OR RACE *Wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-3-1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. N. Byers*

22. I HEREBY CERTIFY, That I attended deceased from *12-9-1932*, to *7-3-1935*. I last saw him alive on *6-24-1935*. Death is said to have occurred on the date stated above, at *4:10 P.* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 12-1859*

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

7. AGE YEARS *78* MONTHS *8* DAYS *19* If LESS than 1 day, hrs. or min.

Chronic myocarditis
General arteriosclerosis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Michigan*

13. NAME *Samuel Hibbard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

15. MAIDEN NAME *Palley Carick*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

17. INFORMANT *Mrs. Beris Alsop*
(ADDRESS) *West Plains, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Zion* DATE *7-4-1935*

19. UNDERTAKER *Robertsons mortuary*
(ADDRESS) *West Plains mo*

20. FILED *July 6 1935* *Bessie L. Scruggs*
Registrar.

Name of operation Date of
What test confirmed diagnosis? *exam* 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*

(Signed) *E. Claude Bohrer*, M. D.

(Address) *West Plains, mo*

