

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.

DEC 13 1935

38244

1. PLACE OF DEATH

County Schuyler Registration District No. 802  
Township Independence Primary Registration District No. 6047  
City No. St.  Ward

2. FULL NAME

Elean Leta Byrn

(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 30 yrs. 3 mos. 3 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1905

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.  
30 3 3

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co.

13. NAME Joseph R. Byrn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler

15. MAIDEN NAME Mary E. Emwin

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

17. INFORMANT (ADDRESS) Joseph Byrn

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coffin DATE Nov. 30, 1935

19. UNDERTAKER (ADDRESS) White Roberts

20. FILED Dec 11, 1935 J. B. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1935 to Nov 28, 1935

I last saw her alive on Nov 28, 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Pneumonia Labor  
Other contributory causes of importance: 100

Name of operation  Date of   
What test confirmed diagnosis?  Was there an autopsy?

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? X  
If so, specify

(Signed) C. H. Ihu Odal, M. D.

(Address) Greenville, Mo.

