APR 22 1936

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

Do not use this space.

40508-a

1. PLACE OF DEATH
County Ozark
Township Jackson
City Sonder
Registration District No. 646
Primary Registration District No. 5855
File No.
Registered No. 4
(No. , St. Ward)

2. FULL NAME Troy William Byerlee
(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 Boy
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) Nov. 12, 1934
7. AGE YEARS One ~~MONTHS~~ DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Sonder, Mo.

FATHER
13. NAME Austin William Byerlee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockbridge, Mo

MOTHER
15. MAIDEN NAME Florence Edith Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sonder, Mo

17. INFORMANT (ADDRESS) Myron Upton Sonder, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sonder DATE Dec 5, 1935
19. UNDERTAKER (ADDRESS) Neighbors
20. FILED March 19, 1936 Mrs. Riley Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/4, 1935, to 12/4, 1935
I last saw him alive on 12/4, 1930. Death is said to have occurred on the date stated above, at 2-30 pm
The principal cause of death and related causes of importance were as follows:
Diphtheria Croup
Date of onset
10
Other contributory causes of importance:

Name of operation none 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? no Date of injury no, 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. W. Taylor, M. D.
(Address) Almartha Mo

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.

100M-11-24-33