

MAR 18 1936

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

Do not use this space.

5433

## 1. PLACE OF DEATH

County GREENE Registration District No. 317  
Township REPUBLIC Primary Registration District No. 4192  
City REPUBLIC (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Registered No. \_\_\_\_\_

2. FULL NAME MARY ISABELLA BYRES

(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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOW</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>MAR. 4th 1859</b>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<b>76</b>	<b>11</b>	<b>6</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>RETIRED HOUSE WIFE</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>HOUSE KEEPING</b>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) MISSOURI  
(STATE OR COUNTRY)13. NAME BENJAMINE B BUTLER14. BIRTHPLACE (CITY OR TOWN) DONT KNOW  
(STATE OR COUNTRY)15. MAIDEN NAME EMMA WILSON16. BIRTHPLACE (CITY OR TOWN) DONT KNOW  
(STATE OR COUNTRY)17. INFORMANT Mrs. D. A. GRAY  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE WADES CHAPEL DATE FEB 11th 193619. UNDERTAKER R. E. Keenan  
(ADDRESS) Republic Mo20. FILED Feb 11 1936 Mrs. Bertha Nance  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1936 to Jan. 29 1936  
I last saw her alive on Jan. 27 1936 Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

valvular lesion of the heart.

Date of onset

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

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? NO

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

(Signed) A. S. French M. D.(Address) Republic Mo

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 RECORD

