

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.

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 6026  
Primary Registration District No. 934  
6026

File No. 32173  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frances Byington

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 N. A. Byington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 24 1871

7. AGE YEARS 65 MONTHS 6 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) St. Genevieve County

13. NAME John Katts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DOE RUN ST. FRAN COIB

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) John C. Byington

18. BURIAL, CREMATION, OR REMOVAL PLACE Richardson Cemetery DATE Aug. 1936

19. UNDERTAKER (ADDRESS) Perin H. Wood Flat River Mo.

20. FILED 9-14-36 W. A. Holt Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 19 1936 to Aug 19, 1936 no treatment

I last saw her alive on Aug 19, 1936. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Cancer of lower part of spine

Date of case Death None

53

Other contributory causes of importance: Paralysis agitans

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None 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 See her only once at office Nature of injury Have no treatment

24. Was disease or injury in any way related to occupation of deceased? No

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

(Signed) P. A. Son, M. D.

(Address) Booneville, Mo.

