

1793
2. OCT 21 1936

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

Do not use this space.

33899

187

1. PLACE OF DEATH

County Adair

Registration District No. 164

Township Beatty

Primary Registration District No. 5229

City Jamesburg No. (No. _____)

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anna Byrdler

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

Nov. 22, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

68

9

18

OCCUPATION

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

Farmer

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)

Jamesburg, Mo.

FATHER

13. NAME

Ornton J. Byrdler

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

V.A.

MOTHER

15. MAIDEN NAME

Eliza Hochstetler

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

V.A.

17. INFORMANT (ADDRESS)

Anna Byrdler

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beatty Cem. DATE 9-11-6

19. UNDERTAKER (ADDRESS)

W. P. Long

20. FILED

9-26, 1936

Jamesburg, Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 20, 1936, to Sept 10, 1936

I last saw him alive on Aug 30, 1936 Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Angina Pectoris

Date of onset

Other contributory causes of importance:

Crown Arteriosclerosis

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?

If so, specify

(Signed) W. P. Royster

M. D.

(Address) El Dorado Springs

North America

— 1911 —