

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.

NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

39787

1. PLACE OF DEATH

County..... Registration District No. 1008
Township..... Primary Registration District No. 10843
City St. Louis Children's Hospital, St. Louis, Mo. St. Ward)

2. FULL NAME Janet Byerly

(a) Residence, No. 2619 Lafayette St., 23 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 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 Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-27-36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
4 6

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. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

FATHER
13. NAME James Byerly

14. BIRTHPLACE (CITY OR TOWN) Bunkin, Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Lucille Heatley

16. BIRTHPLACE (CITY OR TOWN) Bunkin, Mo.
(STATE OR COUNTRY)

17. INFORMANT IKBLUM
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Taken to Cem DATE Oct. 30th, 1936

19. UNDERTAKER R. J. Blatter
(ADDRESS) 2301 Lafayette Hwy.

20. FILED 9561 62 13019 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28-36 19

22. I HEREBY CERTIFY, That I attended deceased from 10-24-36, to 10-28-36, 19

I last saw her alive on 10-28-36, 19. Death is said to have occurred on the date stated above, at 12:40 P.M.

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

Acute meningitis (Pneumococcus) Date of onset 10-20-36

Other contributory causes of importance: 79

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 R. J. Blatter (Signed) _____, M. D.

(Address) 500 So. Kingshighway

