MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8228

Township ..... Primary Registration District No. 1003 Registered No. 1677

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

B. 15305

2. FULL NAME Lafayette Byard

(a) Residence, No. 3946 Illinois St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 male

4. COLOR OR RACE white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1878

7. AGE YEARS 58 MONTHS 1 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker own Bakery

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) Ohio

FATHER

13. NAME William Byard

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

MOTHER

15. MAIDEN NAME Jennie Pike

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2/9/1937, 19

19. UNDERTAKER (ADDRESS) Jos. W. Clark Und. Co. 1125 Hodiamont

20. FILED 3-1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/21/37, 19, to 2/6/37, 19

I last saw him alive on 2/6/37, 19 Death is said to have occurred on the date stated above, at 9.30 a.

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

Septicemia - 194 b

Date of onset

Other contributory causes of importance:

Malunion fractured ulna

Name of operation Open reduction Date of 2-3-37

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10 yrs ago

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Fracture occur some 10 yrs

Manner of injury ago history of which is

Nature of injury unknown

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) City Hospital No.1

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.

WHITE PLAINLY, WITH CLEANING INK—THIS IS A PERMANENT RECORD

000