

MAY 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County AndersonRegistration District No. 79File No. 15590Township SellingPrimary Registration District No. 5036

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

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME W. Owen Byler(a) Residence, No. Macon Mo 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maud Byler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1902</u>		
7. AGE	YEARS <u>5-5</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pharmacist</u>	
	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)	<u>Macon County Mo</u>	
FATHER	13. NAME <u>Henry Byler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Franne Nester</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)	<u>Maud Byler Macon Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Dobson Cemetery April 10 1937</u>	
19. UNDERTAKER (ADDRESS)	<u>Albert Blake Macon Mo</u>	
20. FILED	<u>Apr 16 1937 W. A. Robinson Registrar</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 193722. I HEREBY CERTIFY, That I attended deceased from this time only 1937

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 9:38 m.

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

Sudden  
Heart Attack  
My trial Insufficiency

Other contributory causes of importance:  
Don't know

Date of onset 4/11/37

Name of operation no 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. A. Robinson, M. D.(Address) W. A. Robinson Sturgeon 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.

