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.

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

4 County Audrain 2 Registration District No. 26 File No. 23072

Township Saltrover Primary Registration District No. 5034 Registered No. 78

City ~~Mexico Mo~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Thaney Ellen Bybee

(a) Residence, No. R.F.D. #1 Mexico, Mo. St., ... 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? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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~~ Logan Bybee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1851

7. AGE: 86 YEARS, 4 MONTHS, 25 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.
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) Audrain County, Mo.

FATHER

13. NAME John Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Mo.

MOTHER

15. MAIDEN NAME Polly Cauthorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Lennie Howard Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Mexico DATE 6-19, 1937

19. UNDERTAKER (ADDRESS) H.A. Precht & Son Mexico, Mo.

20. FILED June 17, 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to June 15, 1937

I last saw her alive on May 14, 1937. Death is said to have occurred on the date stated above, at 5:15 A.m.

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

Coronary Thrombosis — Date of onset

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Other contributory causes of importance:

Senility + Myo-Carditis Chronic
Chronic Nephritis —

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy Exam 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 .....

Nature of injury .....

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

If so, specify .....

(Signed) R. W. Van Nyngaiden, M. D.

(Address) Mexico, Mo.