WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

AUG 31 1937

File No. 28480

Registered No.

1. PLACE OF DEATH

County Schuyler

Registration District No. 802

Township Independence

Primary Registration District No. 6047

City (No. St. Ward)

2. FULL NAME Leonard D Byrn

(a) Residence, No. 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: m

4. COLOR OR RACE: w

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1935

7. AGE: YEARS 1, MONTHS 10, DAYS 7. If LESS than 1 day, ...hrs. or .....min.

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.

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) Scotland Co Mo

FATHER

13. NAME Monroe Byrn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co Mo

MOTHER

15. MAIDEN NAME Irene Winn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Mo.

17. INFORMANT Monroe Byrn (ADDRESS) Downing Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffey DATE July 29 1937

19. UNDERTAKER Loyd Moore (ADDRESS) Downing Mo.

20. FILED July 29 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23 1937, to July 23 1937

I last saw h~~im~~ alive on July 28 1937 Death is said to have occurred on the date stated above, at .....m.

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

Mastoiditis

29 B

8

Other contributory causes of importance:

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) F. B. DeVinney M.D.

(Address) Downing, Mo.