

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton

Township

City Cole Camp

(No.)

Registration District No. 59

Primary Registration District No. 4034

File No.

33600

Registered No. 24

St.

Ward)

2. FULL NAME

James William Bybee

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

1-1-1862

7. AGE 75 YEARS

8 MONTHS

13 DAYS

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

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

Retired

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)

Fredonia

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Blufford Bybee

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Mrs Mary M Thorp

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Mrs Josia Earnest

Versailles Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lossy Cemetery

DATE 9-16-37

19

19. UNDERTAKER

(ADDRESS)

E L Eickhoff

Cole Camp Mo

20. FILED 9-14

1937 Sue Selover

Registrar

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

9-14-1937

19

22. I HEREBY CERTIFY, That I attended deceased from

9-5- 1937 to 9-14- 1937

I last saw him alive on 9-13- 1937 Death is said

to have occurred on the date stated above, at 3 A. M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clinical 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

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)

M. D.

(Address)

W. S. Wiser
Cole Camp Mo

