

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

Do not use this space.

1. PLACE OF DEATH
 94 County St. Francois 94 Registration District No. 224
 Township St. Francois Primary Registration District No. 4465
 City Flat River (No. _____) St. _____ Ward _____

2. FULL NAME Fred Byington - 523
 (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.

File No. 3967
753
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14th 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 8 11

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

OCCUPATION Road Recreation
Whee 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve 1
CO MO

FATHER
 13. NAME Newton A. Byington
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve 1
CO MO

MOTHER
 15. MAIDEN NAME Francis Watts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve
CO MO

17. INFORMANT Helen Byington
 (ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL buried
 (ADDRESS) Cadwell Bros DATE 12-27 37
Cadwell

19. UNDERTAKER Cadwell Bros
 (ADDRESS) Flat River Mo

20. FILED 2/2 19. 38 6 Starr
 Registrar. 699

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1937

22. I HEREBY CERTIFY, That I attended deceased Byington
Py August, 1937 to 12-25, 1937
 I last saw him alive on 10 Death is said
 to have occurred on the date stated above, at 3:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Jury Verdict
Death from injuries
received when struck
on Highway 61 by source
 Other contributory causes of importance:
unknown

Name of operation _____ Date of _____
 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? _____ 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? 4
 If so, specify Eleazar Bronce, Carones
 (Signed) _____ (Address) Flat River, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH

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