

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph(No. 624 Prospect)Registration District No. 85Primary Registration District No. 1001File No. 6083Registered No. 158St. Ward) 2. FULL NAME Harriett J. Byers(a) Residence, No. 620

(Usual place of abode)

St. Ward. Chillicothe Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 3mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFSamuel Byers

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

May 4 1858

7. AGE

YEARS

79

MONTHS

9

DAYS

2IF LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.at home9. 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) 193711. Total time (years)
spent in this
occupation life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Chillicothe Mo.

FATHER

13. NAME

Benjiman Smith14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

MOTHER

15. MAIDEN NAME

Emilene (Unknown)16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

17. INFORMANT

Mrs V.E. Willett

(ADDRESS)

Rock Island Ills

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chillicothe Mo. DATE Feb 8 38 19

19. UNDERTAKER

(ADDRESS)

Barry. Wylie

20. FILED

Feb 7, 1938. N. Nestledual
Regist.

MEDICAL CERTIFICATE OF DEATH

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

February 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 18, 1938, to Feb 6, 1938I last saw him alive on Feb 6, 1938 Death is saidto have occurred on the date stated above, at 12:30 P.M.

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

ApoplexyDate of onset
2-4-38

Other contributory causes of importance:

Name of operation none 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? no 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? noIf so, specify (Signed) H. H. Kearby, M. D.(Address) St. Joseph Mo.

N. E.—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.

