

REC'D JUL 22 1938

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

22302
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 481
(b) Township La Belle Primary Registration District No. 5643B Registered No. 7
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willis Piner Byers

(a) Residence, No. County St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 22, 1924</u>		
7. AGE YEARS <u>14</u>	MONTHS <u>4</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>School boy</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis county Missouri</u>		
13. NAME <u>S. T. Byers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis county Missouri</u>		
15. MAIDEN NAME <u>Leora E. Marquett</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby county Missouri</u>		
17. INFORMANT (ADDRESS) <u>S. T. Byers La Belle, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Staffenville, Mo.</u> DATE <u>June 21, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>James A. Coder Lewistown, Missouri</u>		
20. FILED <u>6/20</u> 19 <u>38</u> <u>James A. Coder</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 19, 1938, to June 19, 1938.
Last saw him alive on June 19, 1938. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:
Accidental gun shot wound.

Other contributory causes of importance: None

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: Accident Date of injury June 19, 1938
Where did injury occur? Hunting near No. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury accidental
Nature of injury gun shot wound

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Harry D. McBratney, M.D.
Lewistown, 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.

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STATEMENT BY LICENSED EMBALMER

I, Jamies A Coder Licensed Embalmer No. 2532

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

03/10/61 L. E. No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Jamies A Coder
Licensed Embalmer No. 2532

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)