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JUL 18 1939

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

22625
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
(b) Township _____ Primary Registration District No. 3027 Registered No. 57
(c) City Macon (d) Street No. Sananton Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1858

7. AGE YEARS 80 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Lewis County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Francis Byars

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Mary Boyce

16. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) _____

17. INFORMANT Jessie Pisser (ADDRESS) La Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bacon Chapel DATE June 19, 1939

19. FUNERAL DIRECTOR (NAME) E. Hayes (ADDRESS) St. Louis, Mo.

20. FILED 6/17 1939 Leo H. Henderson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to June 17, 1939
I last saw him alive on June 17, 1939 Death is said to have occurred on the date stated above, at 8:10 pm.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular disease
Date of onset _____
Other contributory causes of importance: 95 lbs

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 _____, 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? No
If so, specify _____
(Signed) P. O. G. [Signature]
(Address) Macon, 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

District Health Officer No. 10

District File Number 7-39-1174

Date Filed JUL 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed..... E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shelton, Mo.

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

If this body is not embalmed, above space should be left blank.