

NOV 22 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

**35745**  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Carter Registration District No. 146  
 (b) Township Pike Primary Registration District No. 3207  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bettie Lou Byers

(a) Residence, No. Fremont Mo. St. Mo.  
 (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 F 4. COLOR OR RACE M W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20-1920  
 7. AGE YEARS 19 MONTHS 2 DAYS 12 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. School Girl  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Palistine Ill.  
 (STATE OR COUNTRY)

13. NAME Joe Byers  
 14. BIRTHPLACE (CITY OR TOWN) Brazil Ind.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Della Gertrude Salladay  
 16. BIRTHPLACE (CITY OR TOWN) Nashville Ind.  
 (STATE OR COUNTRY)

17. INFORMANT Henry Carico  
 (ADDRESS) Van Buren Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hermitage Mo. DATE 11-4-39

19. FUNERAL DIRECTOR (NAME) Crdy- Leuckel  
 (ADDRESS) Van Buren Mo.

20. FILED Nov. 7 1939 Jessie D. Schupp  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1939, to Nov. 2, 1939  
 I last saw her alive on Nov. 1, 1939. Death is said to have occurred on the date stated above, at 8:00a m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage Date of onset 10-28-39

Other contributory causes of importance:

Pulmonary Tuberculosis  
 Name of operation None Date of \_\_\_\_\_  
 What test was performed? None 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) J. M. N. Burton, M. D.  
Jan Buren, Mo. (Address)

**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 11-2-39

....., Registered Apprentice No. ....

working under my personal supervision.

**RECEIVED**

District Health Officer No. 5,

District File Number 1139396

Date Filed 11939

Signed.....

*Philip A. Leuchel*

Licensed Embalmer No. 2936

P. O. Address Von Bismarck Dr

**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.)**

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