

BUREAU OF THE CENSUS  
FILED OCT 9 1942

Registration District No. 250

Primary Registration District No. 4373

Registrar's No. 21

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Barnard Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community West of Life years, months or days

3. (a) PRINT FULL NAME Michael Byergo

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife Harriet Christina Deason

6. (c) Age of husband or wife if alive Deason years

7. Birth date of deceased Sept 29 1885  
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Danlum Solberg - Denmark  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Andrew Byergo

13. Birthplace Denmark  
(City, town, or county) (State or foreign country)

14. Maiden name Arletta Thompson

15. Birthplace Denmark  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Byergo

(b) Address Barnard Mo

17. (a) Burial (b) Date thereof 9-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnard Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marville Mo

19. (a) 9.14.42 (b) A D Barnett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Barnard  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 1, 1942 to Sept 14, 1942

that I last saw him alive on Sept 12, 1942

and that death occurred on the date and hour stated above:

Immediate cause of death Myocarditis

Due to Arterio-Sclerosis 16 yrs

and Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 920

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature A D Barnett (M. D.)

Address Yuleford Mo Date signed 9.14.42

