

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

Do not use this space.

3543

File No. _____
Registered No. 24
St. _____ Ward _____

1. PLACE OF DEATH
County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H
City Richmond Hts. (No. St. Mary Hospital) St. _____ Ward _____

2. FULL NAME Cora Elizabeth Byington
(a) Residence, No. 2644 Rutledge St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Byington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 18 1868

7. AGE YEARS 58 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keep.
9. 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER
13. NAME Geo. Hanton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER
15. MAIDEN NAME Elizabeth Spackman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Frank Byington
(ADDRESS) 2644 Rutledge St

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo DATE Feb 3-13 44

19. UNDERTAKER E. J. Schurer
(ADDRESS) 5125 Lafayette Ave

20. FILED 2/2 19 34 Leitold Foster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1934, to Jan. 31, 1934
I last saw her alive on Jan. 31, 1934. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:
Heart Disease Both
Arteriosclerosis
Other contributory causes of importance: 20 years
Name of operation for trigeminal neuralgia Date of Jan 24
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) W. B. ... M. D.
(Address) 2605 Washington

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.

