

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

Do not use this space.

41321

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1932
JAN 24 1932

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township Primary Registration District No. H 464
 City Farmington (No.) St. Ward
 2. FULL NAME Mrs. Cara (Davis) Byington
 (a) Residence, No. 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.

File No.
 Registered No. 146

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF <u>Ellis Byington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12 1874</u>		
7. AGE 67 YEARS <u>61</u>	7 MONTHS <u>7</u>	14 DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>House wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Mo</u>		
13. NAME <u>James R Davis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Elizabeth Fields</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Mo</u>		
17. INFORMANT <u>Ellis Byington</u> (ADDRESS) <u>Farmington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>H. P. Cem.</u> DATE <u>Dec 28th 1932</u>		
19. UNDERTAKER <u>Acident and Co.</u> (ADDRESS) <u>Farmington Mo</u>		
20. FILED <u>Dec 27 1932</u> <u>B. J. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1932 to Dec 26 1932
 I last saw h. alive on Dec 26 1932 Death is said to have occurred on the date stated above, at 1.0 P. m.
 The principal cause of death and related causes of importance were as follows:
Influenza Bronchif
Pneumonia
III
II
 Other contributory causes of importance:

 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? 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) M. D.
 (Address) Farmington Mo

Date of onset
Dec 21
1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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