

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Waller
City De Soto (No.)

Registration District No. 420
Primary Registration District No. 3022

File No. 27675
Registered No. 78
St. Ward)

2. FULL NAME

Barbara Anne Byington

(a) Residence. No. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1928

7. AGE YEARS MONTHS DAYS 5-9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) De Soto
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Forster Byington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Farmington
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Helen Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Miss Matilda Byington
(Address) De Soto

15. FILED 9/11 1928 D. L. Ruggley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1928, to Aug 4, 1928 that I last saw him alive on Aug 3, 1928, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage from novel

CONTRIBUTORY (SECONDARY) 162

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) David Ford, M. D.

, 19 (Address) De Soto Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Aug 5 19 28

20. UNDERTAKER C. J. Barnhart ADDRESS De Soto 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.

