

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

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.

NOV 27 1935

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

Do not use this space.

33765

1. PLACE OF DEATH

County St. Francois
Township h h
City Garmonington (No.)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 141
St. Ward

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Garmonington Mo

13. NAME Edman Leo Byington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Margie Gertrudine O'Bannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo

17. INFORMANT (ADDRESS) Edman Byington

18. BURIAL, CREMATION, OR REMOVAL PLACE woodman DATE Oct 11 1935

19. UNDERTAKER (ADDRESS) Edward wood co Garmonington Mo

20. FILED Oct 11 1935 J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1935, to 10-10, 1935.

I last saw him alive on 10-10, 1935. Death is said

to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Diphtheria (Laryngeal) Date of onset 10/5/35

Other contributory causes of importance:

Name of operation Intubation & tracheotomy Date of 10/10/35

What test confirmed diagnosis Microscopic 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?

If so, specify Respiratory

(Signed) [Signature] M. D.

(Address) Garmonington Mo

