

MAR 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

26 County Cole  
9 Township  
8 City Jefferson (No. \_\_\_\_\_)

Registration District No. 213  
Primary Registration District No. 3014

File No. 5590  
Registered No. 86  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME BERT Byington

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Agnes Byington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 3 - 1883

7. AGE YEARS 54 MONTHS 1 DAYS 15 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) East Bonne Terre Mo.13. NAME SAM. A. BYINGTON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co Mo15. MAIDEN NAME Eltha Richardson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.17. INFORMANT Agnes Byington (ADDRESS) Farmington Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Mo. DATE Feb-17--3719. UNDERTAKER W. H. Gordon (ADDRESS) Jefferson City Mo20. FILED 2/18/37 1937 W. Bedford Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February-16 . 19 3722. I HEREBY CERTIFY, That I attended deceased from Dec-11-1936, 1936, to February 16, 1937

I last saw h. im. alive on Feb-6-1937, 1937. Death is said to have occurred on the date stated above, at 9:30 m P

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

Cerebral HemorrhageDate of onset 2/16/37

Other contributory causes of importance:

Chronic Myocarditis  
Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? no

If so, specify \_\_\_\_\_

(Signed) William Ford, M. D.(Address) 218 E Mc Party St.Jefferson City Mo.

N. B.—Every item of information should be carefully supplied. AGS 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.

