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

Do not use this space.

File No. 19420

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. 4252 Swan Ave St. ..... Ward)

2. FULL NAME Elizabeth R Byers 5001

(a) Residence. No. 4252 Swan Ave St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Widow

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Late Elias N. Byers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	5	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chester
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John W. Reno
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Constante Andrews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Illinois

14. INFORMANT Maud M Byers
(Address) 4252 Swan Ave

15. FILED MAY 3 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1929, to May 2nd, 1929 that I last saw her alive on May 1st, 1929, and that death occurred, on the date stated above, at 4252 Swan m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of common duct involving intestine
46E
46C
127D
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Irritation and Inflamation of Gall bladder (duration) 15 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Frank E. Chase, M. D
, 19 (Address) 4315a Manchester ave

*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: Chester Illinois
DATE OF BURIAL: May 6 1929

20. UNDERTAKER: Kriegshauser Und Co
ADDRESS: 4104 Manchester

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.