

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

Do not use this space.

38936

File No. \_\_\_\_\_  
Registered No. 11053  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 481  
Township \_\_\_\_\_ Primary Registration District No. 3108  
City \_\_\_\_\_ (No. Deaconess Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dr. Jaymie Byers  
(a) Residence No. 5558 Newport St. 15 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 Female 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 Roy W. Byers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 6 - 1900

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>31</u>	<u>7</u>	<u>27</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Bardwell  
(STATE OR COUNTRY) Ky

10. NAME OF FATHER W. F. Johnson Jurner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mary Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Roy Byers  
(Address) 5558 Newport

15. FILED NOV - 3 1931 W. C. Starke  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2<sup>nd</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-2-31, 19\_\_\_\_, to 11-2-31, 19\_\_\_\_, that I last saw h. aw alive on 11-2-31, 19\_\_\_\_, and that death occurred, on the date stated above, at 11 \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

35A Post operative shock - 93C

Chronic myocarditis bilateral (duration) \_\_\_\_\_ yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Gonococcus pyosanguinis  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH Deaconess Hosp

DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS examination  
(Signed) H. J. Fuchs M. D.

11-3-31 (Address) 612 2<sup>nd</sup> Page

\*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 Bardwell Ky DATE OF BURIAL Nov 6<sup>th</sup> 1931

20. UNDERTAKER M. S. Marshall ADDRESS Union

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.

