

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

Do not use this space.

33201

1. PLACE OF DEATH

County *Shells*
Township *North Meramec*
City (No.) St. Ward)

Registration District No. *678*
Primary Registration District No. *5906*

File No.
Registered No.

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. *2* 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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Rosa Bycoff*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 13 - 1868*

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
65 7 3

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Barber 226*

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) *Crawford Co Mo*

MOTHER FATHER 13. NAME *Alfred Bycoff* *9*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn* *21*

15. MAIDEN NAME *Caroline Suster*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Crawford Co Mo*

17. INFORMANT *H. A. Bycoff* *St. James MO*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cooper Amatory* DATE *Oct 18 - 1932*

19. UNDERTAKER *Jonas and Ten Eyck* *St. James MO*
(ADDRESS)

20. FILED *Oct. 16 - 1932* *Henry J. Walters*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 16 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 6 1932* to *Oct 16 1932*
I last saw him alive on *Oct 16 1932* Death is said to have occurred on the date stated above, at *8:30 a.m.*

The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy sudden
87 A
Other contributory causes of importance *g 2*

Name of operation Date of
What test confirmed diagnosis *Natural* 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 *g 2*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify
(Signed) *H. A. Bycoff*, M. D.
(Address) *St. James 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.

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

NOV 28 1932

