

DEC 12 1935

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

Do not use this space.

37599

## 1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St. Louis (No. Deaconess Hospital)

File No. ....

Registered No. 9570

St. .... Ward)

2. FULL NAME Tabitha Byfield(a) Residence, No. ....  
(Usual place of abode)St. N.R. Ward. Sorents Ill

(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

## MEDICAL CERTIFICATE OF DEATH

|  |   |   |   |  |
|--|---|---|---|--|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Fred Byfield</u>                  |   |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27<sup>th</sup> 1861</u>                             |   |   |   |  |
| 7. AGE   | YEARS<br><u>73</u>  | MONTHS<br><u>11</u>   | DAYS<br><u>18</u>                                     | IF LESS than 1 day, ..... hrs. or ..... min. |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as aptamer, sawyer, bookkeeper, etc.<br><u>None.</u> |   |   |  |
|  | 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) <u>Bond Co Ill.</u>                                 |   |   |   |  |
| FATHER   | 13. NAME <u>Unknown</u>   |   |   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>   |   |   |  |
|  | 15. MAIDEN NAME <u>Unknown</u>  |   |   |  |
| MOTHER   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>   |   |   |  |
|  | 17. INFORMANT <u>Mrs. P. Rice</u><br>(ADDRESS) <u>Chicago Ill</u>   |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Sorents Ill</u> DATE <u>Nov. 18<sup>th</sup> 30</u> 19 |   |   |   |  |
| 19. UNDERTAKER <u>Albert H. Hoff Jr</u><br>(ADDRESS) <u>227 N. Central Ave.</u>                      |   |   |   |  |
| 20. FILED <u>NOV 15 1935</u><br><u>J. Bredech</u><br>Registrar.                                      |   |   |   |  |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14<sup>th</sup> 193522. I HEREBY CERTIFY, That I attended deceased from Nov. 14<sup>th</sup> 1935, to Nov. 14<sup>th</sup> 1935, 1935I last saw him alive on Nov. 14<sup>th</sup> 1935, 1935. Death is saidto have occurred on the date stated above, at 6:25 P.M.

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

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....What test confirmed diagnosis? Phys. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 30, 1935Where did injury occur? in Sorents Ill

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In home by slipping on toiletNature of injury 2. Crushing

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) Dr. J. Bredech M. D.(Address) 4930 Wendell Blvd.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 9570  
St. .... Ward)

**2. FULL NAME**

*Tabitha J. Byfield*

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

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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frederick W. Byfield*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

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

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.....  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

Other contributory causes of importance: .....  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME .....  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

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.

MOTHER 15. MAIDEN NAME .....  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Manner of injury.....  
Nature of injury.....

17. INFORMANT *Mrs. Rhoda Price* (ADDRESS) .....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE....., 19.....

(Signed)....., M. D.

19. UNDERTAKER (ADDRESS) .....

20. FILED 1-10, 1936 *J. F. Brebeck* Registrar.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

Bureau of Vital Statistics  
St. Louis, Mo.

AFFIDAVIT FOR CORRECTION OF Death RECORD  
(Write in whether birth or death)

STATE OF MISSOURI )  
                          ) SS.  
CITY OF ST. LOUIS)

On this 10<sup>th</sup> day of January, 1936 before me, a Notary Public in and for the City of St. Louis, Mo., appears Charles Draude who upon his oath, states that he (the Affiant) desires by this affidavit to make the following correction on the death record, Registered No. 9570, of Tabitha J. Byfield, whose death occurred at Deaconess Hospital in St. Louis, Mo. on Nov. 14, 1935 And which record was filed Nov. 15, 1935:  
Item No. 2 should read Tabitha J. Byfield  
instead of Tabitha Byfield  
Item No. 5a should read Frederick W. Byfield  
instead of Fred Byfield  
Item No. 17 should read Mrs. Rhoda Price  
instead of Mrs. R. Price  
Item No.      should read       
instead of       
Item No.      should read       
instead of       
Item No.      should read       
instead of     

The above is true to the best of my knowledge and belief.

Charles Draude  
Affiant

Clerk, Albert H. Noppe Und. Co.  
(Relationship to person whose record is referred to in above)  
429 N. Euclid Ave.  
Present address

Subscribed and sworn to before me this 10<sup>th</sup> day of January, 1936.

Lucas S. Rosenthal  
Notary Public

My commission expires June 28, 1939