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.

MAR 12 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

8367

File No.

Registered No. 2048

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 600, So. Kingshighway Barnes Hosp. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Ina Cecil Byron

(a) Residence, No. 2023 Main St. St., N.P. Ward. Alton Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 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: John Byron.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1888.

7. AGE: Years 47 Months 6 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 26

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

FATHER

13. NAME John Merrifield.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Indiana.

MOTHER

15. MAIDEN NAME Barbara Ann Osborn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Indiana

17. INFORMANT (ADDRESS) John Byron 2023 Main St. Alton Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Rapids Iowa DATE 2/24/36

19. UNDERTAKER (ADDRESS) Robert L. Sheeper Edwards Alton Illinois

20. FILED FEB 24 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 23, 1936 to 2 - 23 - 1936

I last saw h. alive on 2 - 23, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Embolism to Brain	
Other contributory causes of importance:	
Overian Abscess due to Ovarian Cyst non Malignant	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?

If so, specify

(Signed) W. H. Olmsted, M. D.

(Address) BARNES HOSPITAL

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