

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

Do not use this space.

27533-1

OCT 23 1936

1. PLACE OF DEATH

County Demarest Registration District No. 653
 Township Hayti Primary Registration District No. 5864
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 89

2. FULL NAME

J. T. Byler Jr.
 (a) Residence, No. _____ St. _____ 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 <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>infant</u>		
10. Date deceased last worked at this occupation (month and year) <u>infant</u>		
11. Total time (years) spent in this occupation. <u>infant</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayti, Mo</u>		
13. NAME <u>J. T. Byler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayti, Tenn.</u>		
15. MAIDEN NAME <u>Mandy Babbe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. Hayti</u>		
17. INFORMANT (ADDRESS) <u>George Belle (Wife)</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hayti</u> DATE <u>7-17-1936</u>		
19. UNDERTAKER (ADDRESS) <u>Friends</u>		
20. FILED <u>10-8-1936</u> <u>J. W. Rhodes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936, to July 17, 1936
 I last saw him alive on July 17, 1936. Death is said to have occurred on the date stated above, at 4:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Colitis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? ST 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Asst. Surg., M. D.
 (Address) Hayti 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.

