

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

Do not use this space.

36805

NOV 20 1936

1. PLACE OF DEATH
 County BUCHANAN Registration District No. 85
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. _____ Ward _____)

File No. _____
 Registered No. 1334

2. FULL NAME JAMES J. BYRNE
 (a) Residence, No. 2206 SOUTH 14TH ST. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. 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) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 14 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 7
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ENG INEER
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SANTA FE RY. CO.
 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) CO. MEATH, IRELAND

MOTHER FATHER 13. NAME LAWRENCE BYRNE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

15. MAIDEN NAME BRIDGET SIMONS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT MRS. AGNES LENZ, DAUGHTER
 (ADDRESS) ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MT. OLIVET CEM DATE OCT. 24, 1936

19. UNDERTAKER FLEEMAN & SON INC.
 (ADDRESS) 1946 COLHOUR ST., ST. JOSEPH

20. FILED 1022 26 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 21, 1936 19

22. I HEREBY CERTIFY, That I ^{visited} ~~attended~~ deceased from Oct. 22, 1936 to _____, 19____

I last saw him _____ alive on _____, 19____. 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:

Chronic Myocarditis
Arterio Sclerosis
 Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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) Forrest Thomas _____ M. D.
 (Address) 731 Jackson

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.

I. X7044

