

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Rasper
Township Municipal
City St. Joseph

Registration District No. 413
Primary Registration District No. 5559C

File No. 12278
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7627 Byers St. Ward. Joplin
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 6 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
264 55 0 24

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

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

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) Nebraska

13. NAME Samuel Byson

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

15. MAIDEN NAME A. L. Benton

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL Garret Men 3-27-37

19. UNDERTAKER (ADDRESS) Hurlbut & Co Joplin MO

20. FILED 41-1 1937 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 34, to March 25, 1937
I last saw him alive on March 25, 1937. Death is said to have occurred on the date stated above, at 10:50 am.

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

Delusory Delirium
Tuberculosis
Myocardial Failure

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Rosper 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? Yes
If so, specify mining

(Signed) John E. Seay, M. D.

(Address) St. Joseph

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.

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