

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

Do not use this space.

NOV 15 1937

791

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.
 City **St. Louis** (No. **St. John's Hospital**)

File No. **36489**
 Registered No. **10066**
 St. Ward

2. FULL NAME

(a) Residence, No. **Byman Adeline** St. **Dillard, Mo.** Ward. **NR**

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. **4** 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE adh.	YEARS 14	MONTHS DAYS If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-29**, 19**37**
 22. I HEREBY CERTIFY, That I attended deceased from **10-25**, 19**37**, to **10-29**, 19**37**
 I last saw him alive on **10-29**, 19**37** 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:

Bronchopneumonia Date of onset **10-22-37**
 Other contributory causes of importance: **101**

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? **No**
 If so, specify **St. Matlock**, M. D.
 (Signed) **St. Matlock** (Address) **4989 Neosho St.**

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dillard, Mo
	13. NAME J. J. Astius
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dillard, Mo
FATHER	15. MAIDEN NAME Minnie Campbell
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dillard, Mo
17. INFORMANT J. J. Astius (ADDRESS) Dillard, Mo	
18. BURIAL, CREMATION, OR REMOVAL PLACE Dillard, Mo. DATE Nov. 1 , 19 37	
19. UNDERTAKER Alexander, Edna (ADDRESS) 617 S. Delmar Blvd.	
20. FILE NO. 10066 130 J. Bredeck 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.

