

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, MISSOURI

Registration District No. 85
Primary Registration District No. 1001
METHODIST HOSPITAL

File No. 2121
Registered No. 102
St. _____ Ward _____

2. FULL NAME JOHN EUGENE BYOUS

(a) Residence, No. 422 LEE STREET St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 26, 1938

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

FATHER 13. NAME WILLIAM EARL BYOUS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

MOTHER 15. MAIDEN NAME HELEN STRUVE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IAT. AUBURN, IOWA

17. INFORMANT (ADDRESS) MR. & MRS. W. E. BYOUS 422 LEE ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JAN 27, 1938

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

20. FILED Jan 28 1938 A. J. Nestlebusch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 26, 1938 .19

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 to Jan 26, 1938
I last saw him alive on Jan 26, 1938. Death is said to have occurred on the date stated above, at 12:30 a.

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

Intrauterine suffocation Date of onset 1-26-38

Other contributory causes of importance: Stillborn - breech Full term

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death (due to natural causes), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____
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 STATISTICAL

24. Was disease of injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Ed Grant M. D.
(Address) 6297 King Hill Ave St. Joseph, 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.

