

WED MAY 11 1938

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

14470

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 251
(b) Township Grand River Primary Registration District No. 5350 Registered No. 3
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Kenneth Bywaters 362

(a) Residence, No. Daviess Co. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 XXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 10 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Jan. 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Camden Point 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME R. H. Bywaters

14. BIRTHPLACE (CITY OR TOWN) Hampton 1
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Kathryan Wallingford

16. BIRTHPLACE (CITY OR TOWN) Wallace
(STATE OR COUNTRY) Missouri

17. INFORMANT R. H. Bywaters
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden Point, Mo. DATE Apr. 11, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co
(ADDRESS) Gallatin, Missouri

20. FILED April 10, 1938 Clara Cough
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938

22. I HEREBY CERTIFY that I attended deceased from March 10th 1938 to April 8th 1938
I last saw h. alive on April 8th 1938 Death is said to have occurred on the date stated above, at 1:25 AM
The principal cause of death and related causes of importance were as follows:

Phenyltolone
cardiotoxic
Date of onset March 12th 1938

Other contributory causes of importance: 56-

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) J. P. Graham M. D.
J. Cameron M. D.
(Address) 90311

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.

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.