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.

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

30754
Do not use this space.

DEC'D OCT 12 1938

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Mo. Pac. R.R. Hospital St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003
Primary Registration District No.
Registered No. 8191

2. PRINT FULL NAME FRANK MARION BYARS 62a
(a) Residence, No. R.R. YMCA - 20th & EUGENIA St. 22
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 15 - 1884
7. AGE Years 54. Months 1. Days 0. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk.
9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. R.R.
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) Elkton, Ky.

FATHER
13. NAME Frank M. Byars.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton, Ky.

MOTHER
15. MAIDEN NAME Nancy Jefferson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkton, Ky.

17. INFORMANT (ADDRESS) Miss Jimmie Byars. #280 Plaza Dr.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkinsville, Ky DATE 9-18-1938
19. FUNERAL DIRECTOR (ADDRESS) C. R. Lupton & Sons #7233 Delmar Blvd.
20. FILED SEP 1 6 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from SEPT 8, 1938, to SEPT 15, 1938
I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 7:48 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma RT. TONSIL	1935

Other contributory causes of importance:

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? No
If so, specify
(Signed) [signature], M. D.
(Address) Missouri Pacific Hospital

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Bradford A. Miles, Licensed Embalmer No. 2901

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

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