

REC'D JAN 6 1939

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

J accf

44745

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 2039 Registered No. 309
(c) City Nevada (d) Street No. 929 E Walnut 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.

2. PRINT FULL NAME

Van Tassel Byers
(a) Residence, No. 929 E Walnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Byers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 3 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as 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) Monmouth, Illinois
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Mrs. Jessie Byers (ADDRESS) Nevada, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moore Cemetery DATE Dec 15, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec - 10th - 1938, to Dec - 13th - 1938
I last saw him alive on Dec - 12th - 1938. Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:
Tuberculosis - continued, according to history, on Nov - 25th by dressing a rabbit.
Date of onset
Other contributory causes of importance: Chronic endocarditis
Name of operation None Date of 12/13/38
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) W. H. Todd, M.D. M. D.
(Address) Nevada, Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo
20. FILED 12/19, 1938 Allen V. Hays Local Registrar.

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, *Personally*
....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Lloyd R. Wincott*

Licensed Embalmer No. *3857*

P. O. Address *Yreka, Mo*

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.