

350 APR 19 1939

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

10612
Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218
(b) Township CLARK'S FORK Primary Registration District No. 5307 Registered No. 34
(c) City _____ or _____ (d) Street No. _____ 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 MRS. LEONORA HURT BYLER

(a) Residence, No. R.F.D. 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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBERT T. BYLER		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 21 - 1871		
7. AGE YEARS 67	MONTHS 11	DAYS 9
If LESS than 1 day,hra. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE	
	10. Date deceased last worked at this occupation (month and year) Dec. 1938	11. Total time (years) spent in this occupation.
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MISSOURI	
	13. NAME FLEMING HURT	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MISSOURI	
	15. MAIDEN NAME FLORA ANN DAVIS	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MISSOURI		
17. INFORMANT ROBERT T. BYLER (ADDRESS) BOONVILLE, MO.		
18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE CEM. DATE MARCH 5 19 39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER & KOENIG BOONVILLE, MO.		
20. FILED 3-7 19 39 <i>[Signature]</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MARCH 2** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **2-1** 19**39**, to **2-2** 19**39**
I last saw him alive on **2-27** 19**39** Death is said to have occurred on the date stated above, at **8** p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Hepatitis
Suspect Carcinoma of Liver
Other contributory causes of importance:
Gall Bladder 1912
Name of operation **Drained Gall Bladder** of **1912**
What test confirmed diagnosis? **No** 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? **No**
If so, specify _____
(Signed) **P. L. Meredith**, M. D.
19**39** (Address) **Boonville, Mo**

WRITE PERMANENT, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8,
District File Number
4/2/39
Filed

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, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.