

13 JUN 13 1939

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

18015
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006
(c) City Columbia (d) Street No. 706 Weist St. Registered No. 117
(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 FLEMON BYERS
(a) Residence, No. 706 Weist 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Cowden Byers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1863
7. AGE YEARS 75 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.
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. Retired - ?
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co OHIO
13. NAME William Byers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co OHIO
15. MAIDEN NAME Sara Sinclair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co OHIO
17. INFORMANT (ADDRESS) Mrs. Nina Allen
18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery June 1st 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Willett Columbia Mo
20. FILED 5/31/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th 1939
22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to May 30, 1939
I last saw him alive on May 16, 1939 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Myocarditis
93 C
Other contributory causes of importance:
General Arteriosclerosis
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) Stephen D. Smith M. D.
Columbia Mo (Address) 714

WRITE PLAINLY, 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.

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 me

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

Signed Samuel H. Shankle

Licensed Embalmer No. 4913

P. O. Address Columbia, 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.