

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

21508
Do not use this space.

REC'D JUL 6 1939

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 129
 (c) City Columbia (d) Street No. Boone County 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.

2. PRINT FULL NAME

(a) Residence, No. 906 W. Spring St. □ (If nonresident, give city or town and State)
620 Barringer Byars (Twin) of Mrs. & Mrs. L.W. Byars

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 0 4 48

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.
 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) Columbia, Mo.

FATHER 13. NAME L.W. Byars

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbina Mo.

MOTHER 15. MAIDEN NAME Larene Jod

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo.

17. INFORMANT (ADDRESS) L.W. Byars Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Co. Mo. DATE 6-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkens Columbia Mo.

20. FILED 6/15/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939

22. I HEREBY CERTIFY That I attended deceased from June 15, 1939, to June 15, 1939
 last saw him alive on June 15, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:

massive cerebral hemorrhage
petechial hemorrhage into lateral ventricles
no gross tears
Prematurity (7 lbs.)
 Date of onset 1606

Other contributory causes of importance:

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

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) James M. Baker, M. D.
 (Address) 74 Columbia, Mo.

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.

WRITING RESERVED FOR DRUGS

U. S. PAT. 2,501,913
 I X16803

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.....

Licensed Embalmer No.....

P. O. Address.....

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.