

REC'D JUL 18 1939

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

22873
Do not use this space.

1. PLACE OF DEATH

(a) County Jennett Registration District No. 65-1
(b) Township 1 Primary Registration District No. 4388
(c) City Cauthersville (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

DR HENRY T. BYRNS
(a) Residence, No. _____ 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zula S. Byrns
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 4 - 1859
7. AGE YEARS 79 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Doctor
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) Cumtongue / Missouri
13. NAME James Byrns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Mary Vincent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
17. INFORMANT (ADDRESS) Zula S. Byrns / Cauthersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cauthersville Mo DATE 6/6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) La Fugland Co. / Cauthersville Mo.
20. FILED June 30 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH 9:00 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939
22. I HEREBY CERTIFY, that I attended deceased from June 4 1939, to June 5, 1939
I last saw him alive on June 4, 1939. Death is said to have occurred on the date stated above, at 8:00 AM.
The principal cause of death and related causes of importance were as follows:
Apoplexy -
Debility
Hypertension
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?
If so, specify no
(Signed) Ada Martin, M. D.
(Address) Cauthersville, Mo.

K. 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.

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THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 3,

District File Number 739-410

Date Filed 7/8/39

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

NOT EMBALMED

....., 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.