

AUG 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH25752
Do not use this space.

1. PLACE OF DEATH

(a) County Hawley Registration District No. 384
 (b) Township West Plains Primary Registration District No. 4227 Registered No. _____
 or _____
 (c) City West Plains (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. 4 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Annora Byers
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Byers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1868
 7. AGE YEARS 71 MONTHS 4 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drummett, Mo
 FATHER 13. NAME Asaon Collins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.
 MOTHER 15. MAIDEN NAME Peggy Turnbull
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawley Co. Mo.
 17. INFORMANT Mrs. Samuel Byers
 (ADDRESS) South Falls St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Drummett, Mo DATE 7-3-39
 19. FUNERAL DIRECTOR (NAME) Thornburgh
 (ADDRESS) West Plains, Mo
 20. FILED 7-14 1939 Vida W. SIMONS
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 4/4/39, 1939, to 6/30/39, 1939.
 I last saw him alive on April 4th, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Myo-carditis, chr. with aneurysm + High blood pressure.
 Date of onset _____
 Other contributory causes of importance: Senile dementia
 Name of operation none Date of _____
 What test confirmed diagnosis? Chemical 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) A. Thornburgh, M. D.
 (Address) West Plains, Mo

(Licensed Embalmer's Statement on Reverse Side)

Thornburgh

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.

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RECEIVED

District Health Officer No. 5,

District File Number 839 78

Date Filed 10 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.....

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

Signed Paige H. Robertson

Licensed Embalmer No. 3435

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.