

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

**791**

**18877**

Township.....

Primary Registration District No.....

**1003**

File No.....

City.....

Registered No.....

**5282**

**2. FULL NAME**

(a) Residence. No. **3400 S Grand 11** St., **16** Ward.

**Northwestern MO**  
(If nonresident give city or town and State)

Length of residence in city or town where death occurred **11** yrs. **11** mos.

How long in U.S., if of foreign birth? yrs. mos. ds.

**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**

**Kate Byington**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Sept. 3 - 1849**

**7. AGE**

**78** YEARS

**MONTHS**

**9**

**DAYS**

**9**

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Shoe Maker**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**St. Louis MO**

**10. NAME OF FATHER**

**Richard Byington**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**MO**

**12. MAIDEN NAME OF MOTHER**

**Abigail Kennedy**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**MO**

**14.**

INFORMANT (Address)

**P. K. Byington  
Northwestern MO**

**15.**

**MAY 14 1928**  
FILED

**May 14 1928**  
**May C. Stanley**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **May 12 1928**

**17. I HEREBY CERTIFY** That I attended deceased from **April 12 1928** to **May 12 1928** that I last saw him alive on **May 12 1928**, and that death occurred, on the date stated above, at **11:00** a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Heart Stenosis**

CONTRIBUTORY (SECONDARY)

**arterio Sclerosis**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

**J. B. ... M. D.**

(Address) **3/65 So Grand**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

**Restus MO**

**5-14 1928**

**20. UNDERTAKER**

ADDRESS

**Restus & ...**

**Restus MO**

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

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.

MAR 17 1954