REC'D MAR. 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Ste Genevieve — Registration District No. 934 — File No. 8078
Township Union (2) — Primary Registration District No. 6026 — Registered No.
City Route 2 Farmington No. St. Ward)

2. FULL NAME Mary Ann Byington 5-23

(a) Residence, No. R2 Farmington St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Henry E Byington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22. 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, 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) Ste Genevieve Co Missouri

FATHER

13. NAME John C Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co Missouri

MOTHER

15. MAIDEN NAME Mary Jane Vaudrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Henry E Byington R-2 Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Cemetery DATE Feb. 1 1938

19. UNDERTAKER (ADDRESS) Leyhaus Flood Co Farmington Mo

20. FILED Mar 4, 1938 Russ A Cramer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Jan 31, 1938

I last saw h... alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930.
54	
Other contributory causes of importance: Arterial Sclerosis	1931
0	
0	

Name of operation ... Date of ...
What test confirmed diagnosis? Post ... 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?
If so, specify

(Signed) Geo. L. Watkins, M. D.
(Address) Farmington Mo.
850

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.