

AUG 28 1936

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

Do not use this space.

27773

1. PLACE OF DEATH

Country St. Francis Co.
Township Harrison
City Harrison (No. _____)

Registration District No. 773
Primary Registration District No. 4464

File No. _____
Registered No. 131
St. _____ Ward)

2. FULL NAME

Samuel Alexander Byington
(a) Residence, No. Harrison St. S. Wesley Ward. 1
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Retha Ann Richardson

22. I HEREBY CERTIFY that I attended deceased from July 15, 1936 to July 15, 1936. I last saw her alive on July 15, 1936. Death is said to have occurred on the date stated above, at 4P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1-1858

The principal cause of death and related causes of importance were as follows: Heat Exhaustion and Acute Dehydration of Heart

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 7 15

Other contributory causes of importance: High Blood Pressure

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

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) empty Post 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village

MOTHER 13. NAME Ephraim Byington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village

MOTHER 15. MAIDEN NAME Mabel de Vera Richardson

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

17. INFORMANT (ADDRESS) Bert Byington

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE July 17, 1936

19. UNDERTAKER (ADDRESS) Harrison Undert. Co.

20. FILED 7-16-36 B. J. Robinson Registrar

Name of operation Cholesterol Date of _____
What test confirmed diagnosis? _____ 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 High Blood Pressure
(Signed) Joseph M. D.
(Address) Lawyer

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.

