

'APR 9 '935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
1003
Primary Registration District No. Deaconess Hosp

File No. 11279
Registered No. 2937
St. _____ Ward _____

2. FULL NAME Roscoe H. Byington

(a) Residence, No. _____ St. N.R. Ward. Winnearden Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28th 1919
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 4 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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) Bonne Terre Missouri
13. NAME Sumner Byington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

15. MAIDEN NAME Irma Goreau
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Missouri

17. INFORMANT Sister Bertha (ADDRESS) Deaconess Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE Sked Mo DATE 3-30 1935

19. UNDERTAKER (ADDRESS) Alfred V. H. Happe 42 2nd St. E. St. Louis

20. FILED APR 29 1935 J. Bredecker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1934 to March 28 1935
I last saw him alive on March 27 1935 Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Multiple Lesions at autopsy
(Infected Emboli)
188
Dr. J. S. ...
Dr. J. S. ...
Dr. J. S. ...
Date of anse: 3-24-35

Other contributory causes of importance:

Peritonitis - Acute
following trauma
(Kick of horse)
Name of operation Autopsy 12-1-34 Date of 12-18-34
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-18-34 1934
Where did injury occur? Winnearden Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home
Manner of injury Kick of horse
Nature of injury rupture of colon with Peritonitis

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Engaged in farm work at home
(Signed) A. R. Shupple M. D.
(Address) 1020 Mo 46 St
St. Louis

