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

Do not use this space.

37600

JAN 4 1934

1. PLACE OF DEATH

County RAY Registration District No. 744 File No.

Township RICHMOND Primary Registration District No. 3035 Registered No. 79

City RICHMOND (No. , St. Ward)

2. FULL NAME WILLIAM H. BYERS

(a) Residence, No. St., Ward.
(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

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: CORA BYERS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 31, 1858

7. AGE: Years 75; Months 7; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED PEACE OFFICER

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): HARRISONVILLE MO.

FATHER

13. NAME: WM. A. BYERS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER

15. MAIDEN NAME: MARY E. BURFORD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

17. INFORMANT (ADDRESS): MRS CORA BYERS RICHMOND MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE Nov. 13, 1933

19. UNDERTAKER (ADDRESS): C. M. Joiner Richmond Mo

20. FILED 12-7, 1933 E. E. Gay Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11/33, 19

22. I HEREBY CERTIFY That I attended deceased from Oct. 10, 1933, to Nov. 11, 1933

I last saw him alive on Nov. 11, 1933 Death is said to have occurred on the date stated above, at 7:15 P.M.

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

	Date of onset
Mitral Regurgitation	Oct. 1933
2A	
2B	

Other contributory causes of importance: Uremia

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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) E. Q. Revare A.B. M.D.

(Address) Richmond, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK. IS A PERMANENT RECORD