

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

Do not use this space.

JAN 27 1936

40357

**1. PLACE OF DEATH**

County Moniteau Registration District No. 1571  
 Township Walker Primary Registration District No. 4035  
 City California (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 78

**2. FULL NAME**

James Edward Bybee  
 (a) Residence No. 601 Williams St. 3 Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 24 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 Lowella Bybee  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1853  
 7. AGE YEARS 82 MONTHS 7 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
 10. Date deceased last worked at this occupation (month and year) 1911 11. Total time (years) spent in this occupation 37 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Missouri

MOTHER 13. NAME Burford S Bybee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren Co Kentucky

15. MAIDEN NAME Louisa Hill

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

17. INFORMANT B E Bybee (ADDRESS) California Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Dec 7 1935

19. UNDERTAKER J W Wilson & Son (ADDRESS) California, Mo

20. FILED 12-7-1935 H R Popeye Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1935, to 12-6-1935  
 I last saw him alive on 11-28-1935 Death is said to have occurred on the date stated above, at 90 m.

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

Arteriosclerosis  
Chronic  
Ursemia  
 Cause

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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) A R Popeye M. D.  
 (Address) California

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.

