

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

Do not use this space.

JAN 18 1935

43743

1. PLACE OF DEATH

County Monticue
Township Walker
City Monticue (No. 571)

Registration District No. 571
Primary Registration District No. 5769

File No. 56
Registered No. 56 St. 56 Ward 56

2. FULL NAME

(a) Residence, No. 571 St. 571 Ward 571

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1870</u>		
7. AGE <u>64</u>	YEARS <u>4</u>	MONTHS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Woods</u>		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) <u>Monticue Co</u>		
13. NAME <u>W. J. Bybee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticue</u>		
15. MAIDEN NAME <u>Mary Sappington</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticue</u>		
17. INFORMANT (ADDRESS) <u>Arthur Bybee</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sappington Co</u> DATE <u>12/15/34</u>		
19. UNDERTAKER (ADDRESS) <u>William & Fred Meyer</u>		
20. FILED <u>12-15-</u> 19 <u>34</u> <u>H.R. Popyoy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14- 1934

2. I HEREBY CERTIFY, That I attended deceased from 12-8- 1934 to 12-14- 1934

I last saw him alive on 12-8- 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Apoplexy

Date of onset 12-8-34

Other contributory causes of importance:

Name of operation None Date of None

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? None Date of injury None, 1934

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) H.R. Popyoy, M. D.

(Address) California Ind.

