

OCT 25 1927

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

Do not use this space.

## 1. PLACE OF DEATH

County CarrollRegistration District No. 135

Township

Primary Registration District No. 30.10City Carrollton (No. ....)File No. 26709Registered No. 77

St. .... Ward (....)

## 2. FULL NAME

(a) Residence. No. .... St. .... Ward. .... (If nonresident give city or town and State)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Ira Dean deceased6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-4-18747. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 11 6

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll, County10. NAME OF FATHER Harvey Dean11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.12. MAIDEN NAME OF MOTHER Adaline Calver13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri14. INFORMANT Mr. Laura Dean (Address) Kansas City, Mo.15. FILED 9-10, 1927 Miss E. E. Farnham REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-10-192717. I HEREBY CERTIFY, That I attended deceased from 9/1/27, 19... to 9/10, 1927 that I last saw h. .... alive on 9/9/27, 19... and that death occurred, on the date stated above, at 8:30 A.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cirrhosis of LiverCONTRIBUTORY (SECONDARY) Ascites (duration) 1 yrs. .... mos. .... da.124B (duration) 3 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....WAS THERE AN AUTOPSY? no .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. B. Dwyer, M. D.(Address) Carrollton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miss. Memorial Cemetery, Mo. DATE OF BURIAL 9-12 192720. UNDERTAKER Willis Pines ADDRESS Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

