

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

Do not use this space.

32382

1. PLACE OF DEATH

County..... Registration District No..... **791** File No.....
 Township..... Primary Registration District No..... **1003** Registered No. **9719**
 City *St. Louis* (No. *St. Ann* *St. D.* Ward)

2. FULL NAME

David L. Dyas
 (a) Residence. No. *5575 Chamberlain* (If nonresident give city or town and State)
 (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. da.

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 *Minnie K. Dyas*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 11, 1866*
7. AGE YEARS *67* MONTHS *9* DAYS *19* IF LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Real Estate*
 (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)

Iowa

10. NAME OF FATHER *Charles Dyas*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Va.*
12. MAIDEN NAME OF MOTHER *Susan Hopkins*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Va.*

14. INFORMANT *Mrs Minnie K Dyas*
 (Address) *# 5575 Chamberlain*

15. FILED *501-2 1928* *Marb Starloff*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept, 30, 1928*
17. I HEREBY CERTIFY, That I attended deceased from *Aug. 1923* 19... to *Sept 30* 1928
 that I last saw him alive on *Sept 20* 1928, and that death occurred, on the date stated above, at *mid-night*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral - Post Cerebral
121
1575
 (duration) yrs. mos. *10* ds.

CONTRIBUTORY (SECONDARY) *Chronic Nephritis*
 (duration) *6* yrs. mos. da.

18. WHERE DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH...
 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *Sept. 26-28*
 WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical Exams*
 (Signed) *J. Curtis Lupton*, M. D.
 10/2, 1928 (Address) *Fries Bed*

*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 *Pellefontaine Cem.* **DATE OF BURIAL** *10-4-1928*

20. UNDERTAKER *R. R. Lupton*
 ADDRESS *4449 Olive Street*

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.

Invoice 12345 + Garfield 0198
904 Olive St
Unit 300 St. Paul