

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.

APR 30 1930

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

Do not use this space.

9363

1. PLACE OF DEATH
City Quincy
Township Union
City (Name) _____

Registration District No. 490
Primary Registration District No. 5652

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME Howard James Dyer
(a) Residence, No. S. East No. 1, St. _____ Ward _____
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13/1930
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(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) Millwood Mo

10. NAME OF FATHER Howard Dyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Edna Schneider
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Osage Co. Mo

14. INFORMANT (Address) Howard Dyer
Quincy Mo

15. FILED 4-9-30 W. H. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1930
17. I HEREBY CERTIFY, That I attended deceased from March 13, 1930, to March 22, 1930 that I last saw him alive on March 21, 1930, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
1078
(duration) _____ yrs. _____ mos. 9 da.

CONTRIBUTORY (SECONDARY) 1000
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? no!

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) R. M. Tenn, M. D.
Quincy, Mo. (Address)
*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 St. Charles DATE OF BURIAL March 29 1930
20. UNDERTAKER Tommy & Schuler ADDRESS Quincy Mo

