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

Do not use this space.

File No. 1447

Registered No. 429

1. PLACE OF DEATH
County: Jackson
Township: Kans
City: K.C. Mo. (No. General Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1003

2. FULL NAME: William Dyson

(a) Residence, No. 2017 Bellefont St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Cont/Mar
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cont/Mar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Cont/Mar
7. AGE: Years: About 55 yrs; Months; Days; If LESS than 1 day, hr. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge DATE: 1-29-35, 19
19. UNDERTAKER: West Funeral Home
(ADDRESS)
20. FILED: 1-29, 1935 C. Robert Moore Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 27, 1935
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	
Chronic myocarditis	

Other contributory causes of importance:

Name of operation: Autopsy Date of ...
What test confirmed diagnosis? Was there an ...

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?
If so, specify
(Signed) ..., M. D.
(Address)

Deputy Coroner
S.S.A.
930
93

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.