

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Loafe Guardian Registration District No. 125
Township " " Primary Registration District No. 3009
City St. Francis Hospital

File No. 12140
Registered No. 32
St. _____ Ward _____

2. FULL NAME

Charles P. Dyer
(a) Residence, No. 313 So Blvd St. _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

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 Bessie Dyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1879

7. AGE YEARS 54 MONTHS 3 DAYS 24 If LESS than 1 day,hrs. ormin.

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

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) Centralia, Mo.

13. NAME John A. Dyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pa.

15. MAIDEN NAME Mary Ann Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

17. INFORMANT (ADDRESS) Miss Charles P. Dyer Loafe Guardian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE April 22, 1934

19. UNDERTAKER (ADDRESS) Walthis Und Co Loafe Guardian Mo

20. FILED 4/20/1934 J. M. Thompson (Registrar)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-34

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 to April 20 1934
I last saw him alive on April 19 1934 Death is said

to have occurred on the date stated above, at 313.

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

Bulbar Palsy about May 1932

Insanitation

Paralysis of larynx and trachea

Other contributory causes of importance:

Don't know of any

Name of operation None Date of _____

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? No Date of injury _____, 19____

Where did injury occur? No

(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 _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. M. Thompson M. D.

(Address) Loafe Guardian Mo

