MAY 25 1934

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

Do not use this space.

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1. PLACE OF DEATH
County DeKalb
Township Washington
City Stewartsville (No. , , St. Ward)

Registration District No. 261
Primary Registration District No. 4160

File No.
Registered No. 8

2. FULL NAME Louisa Dyas

(a) Residence, No. St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Fine Dyas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	10	19	

OCCUPATION

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

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Daniel Dice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Catherine E. Stimple

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT B. Dice
(ADDRESS) Stewartsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE Apr 25 1934

19. UNDERTAKER F. G. Dixon
(ADDRESS) Stewartsville Mo.

20. FILED 4-22 1934 L. E. Saunders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from
Apr 18 1934 to Apr 23 1934
I last saw her alive on Apr 20 1934 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Bulbar apoplexy

Date of onset

Other contributory causes of importance:

Name of operation none Date of X
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) L. E. Saunders , M. D.
(Address) Stewartsville Mo