

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.

MAR. 16 1936

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

Do not use this space.

9175

1. PLACE OF DEATH

County Bates Registration District No. 49
Township West Point Primary Registration District No. 4029
City Amsterdam (No. _____, St. _____ Ward _____)

2. FULL NAME Ithamer S. Dye

(a) Residence, No. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leah M. Dye
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1854
7. AGE YEARS 81 MONTHS II DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Valparaiso Ind.
(STATE OR COUNTRY)

13. NAME Ira J. Dye

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

15. MAIDEN NAME Mary Ann Lightfoot

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

17. INFORMANT Mrs Leah M. Dye
(ADDRESS) Amsterdam Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Vernon DATE Mar. 6, 1936

19. UNDERTAKER Archer & Mangold
(ADDRESS) Amsterdam Mo.

20. FILED Mar. 7, 1936 Spore & Smiser
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1936

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to March 1, 1936
I last saw him alive on March 1, 1936. Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

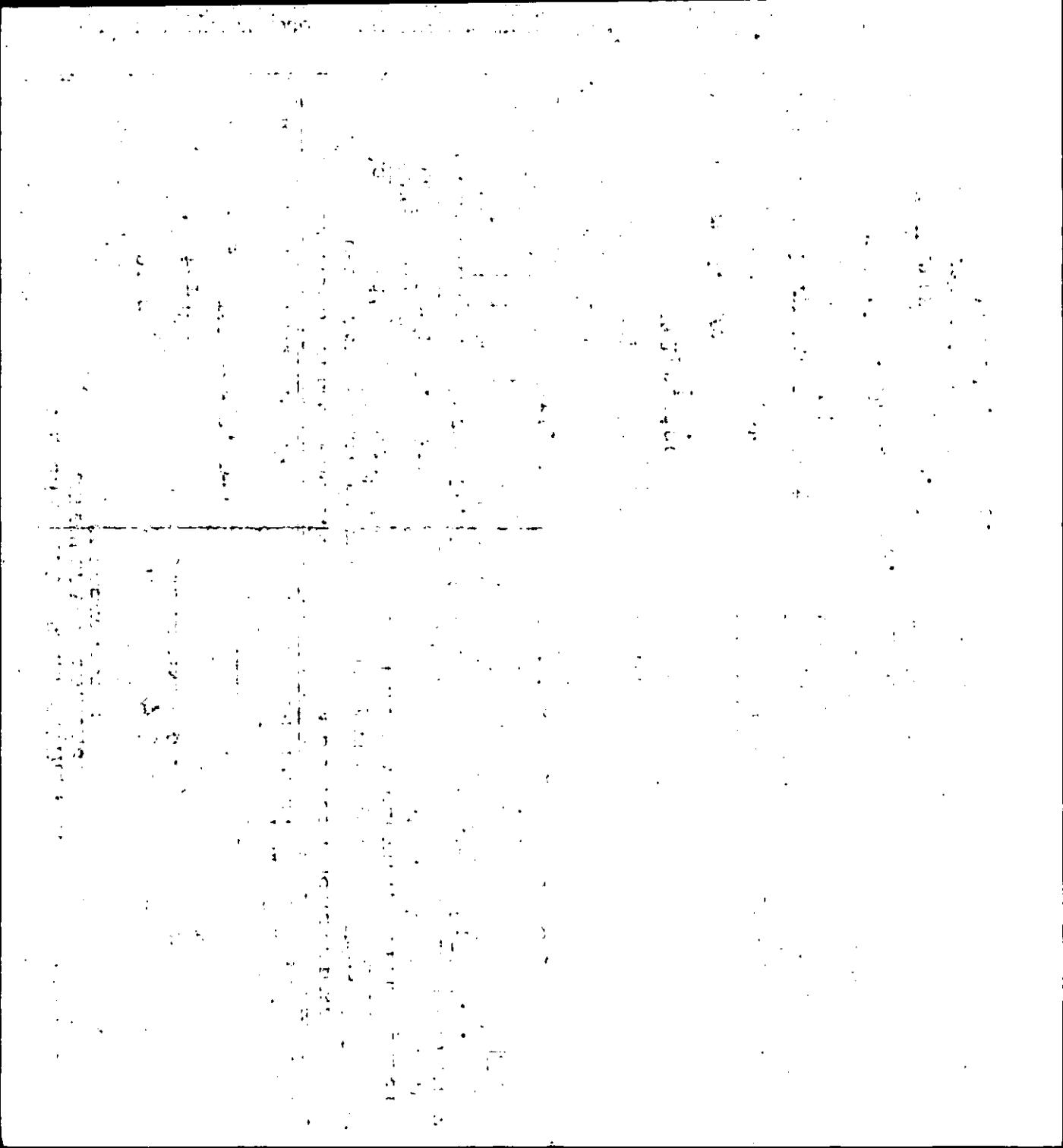
General Paralysis with arterio-sclerosis
Date of onset _____
Other contributory causes of importance: nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinic Was there an autopsy? No

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? No
If so, specify _____
(Signed) H. G. Clarke, M. D.
(Address) La Cygne, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County Bates

Registration District No. 49

File No.

Township

Primary Registration District No. 4029

Registered No.

City Amsterdam

St. Ward)

2. FULL NAME

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81

11

26

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

Mar 7 1936 Grace L. Smider Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1936

22. I HEREBY CERTIFY, That I attended deceased from

..... 19....., to 19.....

I last saw h..... 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:

General Paralysis with arteriosclerosis

Date of onset

Yes

Other contributory causes of importance:

Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... as there an autopsy?.....

23. If death was due to external causes (violence) 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).....

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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CONFIDENTIAL