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.

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

AUG 15 1936

Do not use this space.

25604

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township Washington — Primary Registration District No. 1001 — Registered No. 966

City St.Joseph, (No. 1022 No.19th.St. St. Ward)

2. FULL NAME William Fuller Dyer

(a) Residence, No. 1022 No.19th.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Sherwood Dyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept,9,1850

7. AGE: YEARS 85 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Real Estate Dealer.
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) 1930
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waterville, Maine

FATHER

13. NAME: William Dyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfield, Maine

MOTHER

15. MAIDEN NAME: Varila Fuller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carmel, Maine

17. INFORMANT (ADDRESS): Mrs.Loy Ashton Chicago,Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE July,21,1936

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED July 21, 1936 A J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July,19,1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-4-, 1936 to 7-19-, 1936
I last saw him alive on 7-18-, 1936 Death is said to have occurred on the date stated above, at 5.45 m. P.M.
The principal cause of death and related causes of importance were as follows:

Arterio sclerosis several years — Date of onset

97

Other contributory causes of importance:

Name of operation ✓ 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? ✓ 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) L C Bauman, M. D.
(Address) Kirkpatrick Bldg, St.Joseph,Mo.