

REC'D AUG 11 1938

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

24759
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St Joseph Primary Registration District No. 1001 Registered No. 719
(c) City St Joseph (d) Street No. North 1st St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Unity mo St. Unity mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1938
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 1 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph mo

13. NAME Clark Dyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dekalb Co mo

15. MAIDEN NAME Verita Castle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dekalb Co mo

17. INFORMANT (ADDRESS) Clark Dyer
Unity mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeville DATE July 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St J Dyer
St Joseph mo

20. FILED 7-12 1938 H. W. Hubert
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY That I attended deceased from July 11 1938 to July 11 1938
I last saw him alive on July 11 9:30 PM 1938 Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia broncho
Dilatation of heart
Date of onset 7/6/38

Other contributory causes of importance: 107W

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? yes

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. E. Petersen, M. D.
(Address) 706 Francis St Joseph

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.

1072

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

A. G. Lyon

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

A. G. Lyon

Licensed Embalmer No. _____

952

P. O. Address _____

Stewartville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Missouri State Board of Health
Division of Health
St. Louis, Mo.
1917

Missouri State Board of Health
Division of Health
St. Louis, Mo.
1917

Missouri State Board of Health
Division of Health
St. Louis, Mo.
1917

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

24759
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 88

(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 719

(c) City St. Joseph (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) _____

(f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Terrance D. Dyer

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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) mf

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. ormin.
		<u>1</u>	<u>27</u>	

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

9. Industry or business in which work was done, as 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 _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. 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:

Pneumonia Bronchitis
Distention of heart

Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____

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? _____ 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) H. E. Peterson, M. D.

(Address) 706 7th
St. Joseph

SUPPLEMENTAL

REGISTRATION SMALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

Local Registrar.

