

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1 X1605

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.

APR 10 1939

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

10025
Do not use this space.

1. PLACE OF DEATH Boone Registration District No. 73
 (a) County Boone (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia (d) Street No. _____ (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 Dora E Dysart
 (a) Residence, No. 110 Witt St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF Gilmore H Dysart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1866
 7. AGE YEARS 73 MONTHS 1 DAYS X If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. Housewife
 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) Boone Co Mo
 FATHER 13. NAME John M. Shoek
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo
 MOTHER 15. MAIDEN NAME Sallie M McQuitty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo
 17. INFORMANT (ADDRESS) Earle S. Dysart Columbia, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Female Mar 30 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Willett Columbia, Mo
 20. FILED 3/28/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 1 1938, to March 28 1939
 I last saw her alive on March 27 1939. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma
oesophagus
 Date of onset 1938
 Other contributory causes of importance: 46
 Name of operation no Date of _____
 What test confirmed diagnosis? ray Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury _____, 19____
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place 0
 Manner of injury 0
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Frank A. Howard M. D.
 (Address) Columbia Mo

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, or by me

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

Signed Leonard H. Spunk

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.