

REC'D OCT 18 1938

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

31611
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 35
 (b) Township Phasant Ridge Primary Registration District No. 5043
 (c) City _____ (d) Street No. Route 1, Verona Mo. Registered No. _____
 (e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Walker Dyer

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1938 to 10-3, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1868

I last saw ~~her~~ alive on 10-3, 1938 Death is said

7. AGE YEARS 69 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 10/1/38
 11. Total time (years) spent in this occupation Life

Coronary Thrombosis Date of onset 10-3-38

12. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

Other contributory causes of importance: arteriosclerosis & hypertension

FATHER 13. NAME Calvin J. Dyer

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

MOTHER 15. MAIDEN NAME Anna Ethridge

16. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Morris Dyer
Route 2, Verona, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calton DATE 10/5/38

19. FUNERAL DIRECTOR (ADDRESS) Kear Funeral Home
Cassville, Missouri

20. FILED 10/5, 1938 Max J. G. Dyer Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys 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) J. D. Baldwin
 (Address) Verona Mo.

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

RECEIVED

District Health Officer No. 6,

District File Number 6-38-358

Date Filed 10/13/38

STATEMENT BY LICENSED EMBALMER

I, R. J. Miller

Licensed Embalmer No. 3794

hereby certify that the body recorded on the reverse side of this certificate was embalmed by P. C. Wood

L. E.

No. 3804 or by

Registered Apprentice No.

working under my personal supervision.

Signed

R. J. Miller

Licensed Embalmer No. 3794

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