

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

10984

1 PLACE OF DEATH
County Lincoln
Township Clark
or
Village ✓
or
City ✓ (NO. _____ St. _____ Ward _____)

Registration District No. 491 File No. _____
Primary Registration District No. 5656 Registered No. 19

2 FULL NAME Elizabeth Sullivan Dyer

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH May 26 1887
(Month) (Day) (Year)

7 AGE 68 9 13 If LESS than 1 day...hrs. or...min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer) ✓

9 BIRTHPLACE (City or town, State or foreign country) Maryland

PARENTS
10 NAME OF FATHER Josiah Christopher
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Maryland
12 MAIDEN NAME OF MOTHER Amey Sutton
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. P. Dyer
(Address) Wright City, Mo.

15 Filed March 11, 1916 S. Shuey
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 9th 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from January 26 1916 to Mar 9 1916 that I last saw him alive on Mar 7 1916 and that death occurred, on the date stated above, at 11:00 A.M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver
124 B
127 B
3 b

CONTRIBUTORY (Secondary) Septic Gall Bladder
(Duration) 1 yrs. 13 mos. 3 ds.
(Signed) Flusmeier Ed Clasenbach M. D.
March 9 1916 (Address) Wright City, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death... yrs. ... mos. ... ds. In the State... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Wright City Cem. DATE OF BURIAL March 11 1916

20 UNDERTAKER W. Nieburg ADDRESS Wright City Mo.

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.

