

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Lukes Hospital) St. _____ Ward _____
 Registered No. 6025176

2. FULL NAME

Horace L Dyer
 (a) Residence. No. 5666 Cabanne St., 5 Ward. _____
 (Usual place of abode) _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 4 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lawyer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

David P. Dyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

Lizzie Hunt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT Mrs. Margaret Dyer
 (Address) 5666 Cabanne

15.

FILED -5 1928 Max C. Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from 2 P.M. July 2, 1928, to 3:50 P.M. July 3, 1928 that I last saw h. _____ alive on July 3, 1928, and that death occurred, on the date stated above, at 3:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
930 Chronic myocarditis
12.0 B
90 B

CONTRIBUTORY Acute infecti
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHEN WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

IF AN OPERATION PRECEDED DEATH, ho. DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Anthony B. Day, M.D.
7-4 1928 (Address) 1017 Beaumont Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bellefontaine

DATE OF BURIAL

7-6 1927

20. UNDERTAKER

Arthur J. Donnelly

ADDRESS

2039 Ward St

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.

THIS IS A PERMANENT RECORD

FILE

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