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

Do not use this space.

1351

File No. .....
Registered No. 2

1. PLACE OF DEATH
County: Harrell
Township: Willow Springs
City: Willow Springs (No. ..... St. ..... Ward)
Registration District No. 3951
Primary Registration District No. 4228

2. FULL NAME: Elm Dysman

(a) Residence. No. ..... St., ... 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. John Dysman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25 – 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	—	0	7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Pensioner
(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): Dent Russo

PARENTS
10. NAME OF FATHER: Abe Dysman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Malisa Gosnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dent Russo

14. INFORMANT: Ben Dysman
(Address): Willow Springs Mo

15. FILED: 1/4 1929 J. B. Ferguson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1 – 2 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-25, 1929 to Jany 2, 1929, that I last saw him alive on Jany 2, 1929, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11 hr
1 day

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY): Bronchial Pneumonia
(duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J. C. Dowell, M. D.
1/4 1929 (Address) Willow Springs Mo

*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: City Cemetery
DATE OF BURIAL: 1-4 1929

20. UNDERTAKER: L. R. Burns
ADDRESS: Willow Spgs 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.

FEB 22 1929 46 35 6 26 34 31

THIS CERTIFICATE IS A PERMANENT RECORD