

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

Do not use this space

7506

PLACE OF DEATH

County Celtis
Township La Monte
City (No. _____) _____

Registration District No. 667
Primary Registration District No. 3888

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harry Earnest Gyer

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 50 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb = 18 = 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
50 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Monte Mo

10. NAME OF FATHER William H Gyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Mo

12. MAIDEN NAME OF MOTHER Kenneth Gyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) La Monte Mo

14. INFORMANT H H Gyer
(Address) La Monte Mo

15. FILED Feb 21 1929 B & Parnes
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to Feb 20, 1929, that I last saw him alive on Feb 20, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A
Apoplexy

CONTRIBUTORY (SECONDARY) Heart

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinal
(Signed) H. E. Malice, M. D.
, 19 (Address) La Monte 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 La Monte Mo DATE OF BURIAL Feb = 22 19 29

20. UNDERTAKER B F Parnes ADDRESS La Monte Mo

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

K. 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.

MAR 2 1929

1926

