

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.

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

Do not use this space.

26829

1. PLACE OF DEATH

County Monroe  
Township Wetchell  
City Grant City

Registration District No. 903  
Primary Registration District No. 4545-

File No. 18  
Registered No. 18  
St. Mo. Ward

2. FULL NAME

Morgan Jones Dye  
(a) Residence. No.  St.  Ward.   
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos.  da. How long in U.S., if of foreign birth? yrs.  mos.  da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Martha Cameron Weight

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

Feb 11, 1830

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,  hrs. or  min.

99

5

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired farmer

(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)

Denack

Ohio

10. NAME OF FATHER

Thomas Dye

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Isabelle McArthur

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Lois A. McArthur

Grant City, Mo.

15. FILED

7/21/29

John McArthur

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1929, to July 20, 1929, and that I last saw him alive on July 20, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senile Dementia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Supposed findings

(Signed) J. Ross, M. D.

(Address) Grant City, 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

DATE OF BURIAL

Travis View Cem.

7/24/29

20. UNDERTAKER

ADDRESS

Arch C. Dunfee

Grant City, Mo.

