

27607-148

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

Do not use this space.

27607-a

1. PLACE OF DEATH

County Jackson
Township Ft Osage
City Sibley Mo.

Registration District No. 396
Primary Registration District No. 6782

File No.
Registered No. 19
St. Ward)

2. FULL NAME

Robert L. Dilyea
Route 2 K.C. Mo.

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

Length of residence in city or town where death occurred 30 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower 10 yrs

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1st 1961

7. AGE YEARS 68 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter and Common labor
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Michigan
(STATE OR COUNTRY)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Michigan
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Michigan " ? "
(STATE OR COUNTRY)

14. INFORMANT Mrs. Belle Rice (Daughter)
(Address) Route No.2. KC Mo.

15. FILED 10-10-1929 M. A. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 22 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicide by Drowning
166 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Drowning
Body Recovered. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF 10/9/29
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) M. A. Gruninger, M. D.
11-10, 1929 (Address) Independence 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 Brookin Cem Near Raytown DATE OF BURIAL Oct. 29, 29

20. UNDERTAKER V. M. Reppert Buckner ADDRESS Mo.
V. M. Reppert

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.

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