

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

Do not use this space.

33372

1. PLACE OF DEATH

County De Kalb Registration District No. 259
 Township Camden Primary Registration District No. 4156
 City Amity (No. _____ St. _____ Ward _____)

2. FULL NAME

Harriet Elizabeth Dyer
 (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 61 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 - 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>8</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home maker
 (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) Massachusetts

10. NAME OF FATHER Horace Phayer

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

12. MAIDEN NAME OF MOTHER Mary Healy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

14. INFORMANT Emma F. McWilliams
 (Address) Amity Missouri

15. FILED Oct 6 1929 J. L. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1929 to Oct 4 1929
 that I last saw h. alive on Oct. 2 1929 and that death occurred, on the date stated above, at 2:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
93c

57A (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) chronic articular arthritis (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Dr. R. R. Reynolds

, 19 (Address) Mayville, 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

Amity, Mo. Oct 6 1929

20. UNDERTAKER J. L. Phelps ADDRESS Stewartville Mo

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

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.

2
 100

2

mo

