

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

Do not use this space.

13792
~~12626~~

MAY 27 1930

PLACE OF DEATH

County.....
Township.....
City St. Genevieve (No.....)

Registration District No. 780
Primary Registration District No. 4466

File No.....
Registered No. 22
St..... Ward.....

2. FULL NAME

Eloy Edward Dwyer

(a) Residence No. 7 St. 1 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 10 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 93
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bloomdale
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Dwyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Granville Park
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Missile Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomdale
(STATE OR COUNTRY) Missouri

14. INFORMANT Lezha Dwyer
(Address) St. Genevieve Mo

15. FILED Apr 10 1930 T. W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1930

17. 8. HEREBY CERTIFY, That I attended deceased from April 9 1930 to April 9 1930 that I last saw him alive on April 7 1930 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Distention.

18. CONTRIBUTOR (SECONDARY) Chronic Myocarditis
(duration) 3 yrs. mos. ds.

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

19. DISEASE OPERATION PRECEDE DEATH ✓ DATE OF ✓

20. WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS Asymptomatic
(Signed) [Signature], M. D.
Apr 10 1930 (Address) St. Genevieve 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 St. Genevieve Mo DATE OF BURIAL Apr. 11 1930

20. UNDERTAKER John Barber St. Genevieve Mo ADDRESS

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.

