SEP 26 1930

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

Do not use this space.

27405

1. PLACE OF DEATH
County Newton. Registration District No. 608.
Township E. Franklin, Primary Registration District No. 5807
City ~~Fairview~~, (No. ..... St. ..... Ward)

File No. .....
Registered No. 19

2. FULL NAME Mary Etta 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 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: Edward P. Dyer. Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16th, 1856.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	4	26	

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

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

PARENTS

10. NAME OF FATHER Authur Lockhart.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ruth Miller,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED Aug 14th, 1930 L N Pannell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 12- 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 12th, 19..., to Aug 12, 1930 that I last saw her alive on August 12th, 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion. 95B
11 R C
Acute Cardial Insufficient.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C. W. Poor, M. D
, 19 (Address) Wheaton, Missour

*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: Muncie Cem. Barry Co, Mo.
DATE OF BURIAL: Aug 30. 1930

20. UNDERTAKER: J. H. White,
ADDRESS: Fairview Mo

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.

This is Correct. Errors on the original L N Pannell