

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.

NOV 22 1930

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

Do not use this space.

32653

1. PLACE OF DEATH

County Greene Registration District No. 518
Township _____ Primary Registration District No. 204
City Springfield Mo. (No. 752 Cherry)

File No. _____
Registered No. 802
St. _____ (Ward) _____

2. FULL NAME

Miss Sarah W. Dyer
(a) Residence. No. 752 Cherry St. _____ Ward. _____

(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 9 0

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

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

10. NAME OF FATHER Chas. H. East

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

12. MAIDEN NAME OF MOTHER Everette Gause

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

14. INFORMANT Mrs. E. J. East
(Address) Springfield Mo.

15. FILED 10-27-30 Roll Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25-1930

17. I HEREBY CERTIFY, That I attended deceased from 10-11-30, 1930, to 10-25-1930, 1930 that I last saw her alive on 10-25-1930, 1930 and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
the liver
undetermined (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 448 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 448
IF NOT AT PLACE OF DEATH. _____

18 DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____

18 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy
(Signed) Garrett, M. D.

(Address) 1025-1930 Springfield

*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 Maple Park DATE OF BURIAL Oct-27-1930

20. UNDERTAKER Alma Lammeyer ADDRESS 534 St. Louis
Funeral Home

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