

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.

DEC 20 1930

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

Do not use this space.

35454

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001 File No. \_\_\_\_\_  
 City St Joseph (No. House - Baptist Hospital) Registered No. 1284 (Ward)  
 2. FULL NAME Hattie Opal Dewyre  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Burlington Jct Mo.  
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ronald Dewyre  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1898  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
32 5 7  
 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) (STATE OR COUNTRY) Madison County Missouri  
 PARENTS  
 10. NAME OF FATHER John L. Thoburn  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Martha J. Wallace  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 14. INFORMANT Ronald Dewyre  
 (Address) Burlington Jct Mo.  
 15. DEC 3 1930 John G. V. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1930, to Nov. 29, 1930 that I last saw h. ea. alive on Nov. 29, 1930, and that death occurred, on the date stated above, at 7:30 3 m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
10 1/2 (duration) yrs. 20 mos. 20 ds.  
 CONTRIBUTORY (SECONDARY) 10/10 (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) H. S. Council M. D.  
12/3, 1930 (Address) St Joe 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  
Burlington Jct Mo 12-3 1930  
 20. UNDERTAKER ADDRESS  
Thoburn Burlington Jct Mo

MAY 24 1950