

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

Do not use this space.

10147
577

File No. _____
Registered No. _____
St. _____ Ward _____

PLACE OF DEATH

County Harrison
Township _____
City Bethany (No. _____)

Registration District No. 334
Primary Registration District No. 4197

2. FULL NAME Robert Lee 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8, 1930
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 26

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

9. BIRTHPLACE (CITY OR TOWN) Bethany Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Harry P. Dyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Paul Sullivan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison Co
(STATE OR COUNTRY)

14. INFORMANT Harry P. Dyer
(Address) Bethany Mo.

15. FILED 7/10, 19 31 J. J. Karned
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1931
17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to Jan 1st 1931 that I last saw him alive on Jan 1st 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
108
One week (duration) yrs. mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. J. Karned M.D.
Jan 2, 1931 (Address) Bethany Mo

*State the DISEASE CAUSING DEATH, or in deaths from VICIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pythian Cemetery DATE OF BURIAL Jan 5 1931

20. UNDERTAKER S. M. Faas ADDRESS Bethany 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.

RECEIVED FOR BINDING

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APR 18 1931

