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

Do not use this space.

13044

1. PLACE OF DEATH
County: Adam
Township:
City: Kirkwille (No. ..... St. ..... Ward)
Registration District No.: 4
Primary Registration District No.: 3001
File No.:
Registered No.: 167

2. FULL NAME: Lee J Dye
(a) Residence. No. 1007 W. Morrow St. Kirkville (Usual place of abode) 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: 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: Elizabeth Dye
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-16-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	00	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retd. Farmer
(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): Ill.

PARENTS
10. NAME OF FATHER: William Dye
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Susan Cameron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York

14. INFORMANT: Mrs Elizabeth Dye
(Address) 1007 Morrow St. Kirkville

15. FILED 4/20 19 31 Mrs. C. H Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-6- 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to 4-6 1931, that I last saw him alive on 4-6 1931, and that death occurred, on the date stated above, at 11 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of rectum
Pulmonary
HBP
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): None
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No DATE OF:
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) H. Farrington M.D.
, 19 (Address) Kirkville 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~~: Highland Park
DATE OF BURIAL: 4-8- 1931
20. UNDERTAKER: DeRiley
ADDRESS: Kirkville

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.

MAY 21 1931