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

Do not use this space.

1. PLACE OF DEATH
County ADAIR
Township Benton
City ~~KIRKSVILLE~~ MO (No. ..... St. ..... Ward)

Registration District No. 4
Primary Registration District No. 5-005

File No. 13056
Registered No. 76

2. FULL NAME JOHN C DYE
(a) Residence. No. 7 MILE NORTH EAST KIRKSVILLE MO 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.

69-11-3

MAY 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF EMMA J DYE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 13th 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	11	2	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) STOCK & GRAIN,
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) CARTHAGE ILL

PARENTS
10. NAME OF FATHER WM 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) ILL

14. INFORMANT Mrs John C Dye
(Address) KIRKSVILLE MO

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4.16 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-7-, 19 31, to 4-22-, 19 31 that I last saw him alive on 4-4-, 19 31, and that death occurred, on the date stated above, at 2 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) ....yrs. ....mos. 4 ds.
CONTRIBUTORY (SECONDARY) Pernicious anemia
(duration) ....yrs. 6 mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED 108
IF NOT AT PLACE OF DEATH ....
DID AN OPERATION PRECEDE DEATH? NO DATE OF ....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? ....
(Signed) R. R. Ellis, M. D.
, 19 (Address) Kirksville 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
CENTER CHURSH CEMETRY	4/17 1931

20. UNDERTAKER	ADDRESS
Davis & Wilson	Kirksville Mo

INSTRUCTIONS: 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.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

PHYSICIANS should state ... PATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Every item of information should be carefully supplied. AGE should be st... DEATH in plain terms, so that it may be properly classified. Exact ...

1. PLACE OF DEATH.

County: Adair — Registration District No.: 4 — File No.:

Township: Benton — Primary Registration District No.: 5005 — Registered No.: 76

City: (No. , St. Ward)

2. FULL NAME: John C. Dye

(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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13 - 1861

7. AGE — YEARS: 69 — MONTHS: 11 — DAYS: 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(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)
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED 5/31, 19 31 — A. Becker, Deputy — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 16 19 31

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(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) , M. D

, 19 (Address)

*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 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

1931 - 4 - 16
1861 - 5 - 13
69 - 11 = 13