

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

Do not use this space.

29365
File No. 315
Registered No. 315
St. _____ Ward _____

1. PLACE OF DEATH
County St. Louis Registration District No. 1123
Township Parsons Primary Registration District No. 6248 B
City East St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME John H. Dwyer
(a) Residence No. 3325 E. St. 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. 30 mos. ds. How long in U.S., if of foreign birth? 50 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 Margaretta Adams
OR WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 7 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad work
(b) General nature of industry, business, or establishment in which employed (or employer) No Pacific R.R.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Hungary

10. NAME OF FATHER Mark Adams

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

12. MAIDEN NAME OF MOTHER Barbara Berger

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

14. INFORMANT wife
(Address) 2325 E. St.

15. FILED August 24 1931 L. C. Brock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1931

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to Aug 23, 1931, that I last saw alive on Aug 22, 1931, and that death occurred, on the date stated above, at 1:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 3 yrs. 4 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 23
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Fluorescent X-ray
(Signed) W. E. Cook, M. D.
, 19 _____ (Address) Back Hospital

*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
Sunset Burial Home Aug 24 1931

20. UNDERTAKER ADDRESS
Brenden 26 1718

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.

SEP 25 1931

PARENTS

