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

Do not use this space.

37443

File No.
Registered No.

1. PLACE OF DEATH
County: Grundy
Township:
City: Trenton (No. 314, E. 8th St., Ward)
Registration District No. 330
Primary Registration District No. 3017

2. FULL NAME: Nancy Dyer
(a) Residence, No. 314 E. 8th St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: several yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 22 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): wid
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Thos Dyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 15, 1847
7. AGE: Years 83 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Lilburn Renfro
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Mary (Don't Know)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT: Chas Dyer
(ADDRESS) Trenton, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE K of P. DATE Nov 10 1931
19. UNDERTAKER: Gypsons Funeral Home
(ADDRESS) Trenton Mo
20. FILED Nov 13 1931 E. A. Duffy Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1931, to Nov. 8, 1931
I last saw her alive on Nov. 8, 1931. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur,	
Accidental, on	
October 10, 1931.	

Other contributory causes of importance:
Hypostatic Pneumonia developed about Nov. 5, 1931

Name of operation: None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 10, 1931
Where did injury occur? On Main street, Trenton, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public street
Manner of injury: Was jostled in crowd and fell
Nature of injury: causing fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Bertha E. Sheets, M. D.
(Address) Trenton Mo.