

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

Do not use this space.
34207
File No. _____
Registered No. **9565**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St Louis (No. 4565 area ave) St. _____ Ward _____

2. FULL NAME

Maria (Bluyer) Dryer
(a) Residence, No. 4565 area ave St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late John Bluyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>	
	13. NAME <u>John Cunniff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	17. INFORMANT <u>Edward Bluyer</u> (ADDRESS) <u>4565 area ave</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cahany Cem</u> DATE <u>10-29 1932</u>	
	19. UNDERTAKER <u>Trigg Shavers Mortuaries</u> (ADDRESS) <u>4104 Manchester ave</u>	
	20. FILED <u>29 1932</u> <u>Max C. Cunniff</u> Registrar.	

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1932, to Oct 26 1932
I last saw her alive on 10-26-1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
11A
109A / 11W (1)
Other contributory causes of importance:
Simple

Date of onset	<u>Sept 23 1932</u>
Date of death	<u>Sept 13 1932</u>

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Peter A. Eck, M. D.
(Address) 4701 St Louis Ave

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.

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