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.

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

Do not use this space.

6835

1. PLACE OF DEATH
84 County Polk — Registration District No. 701 — File No.
Township — Primary Registration District No. 4422 — Registered No. 14
2 City Bolivar (No. ... St. ... Ward)

6 2. FULL NAME Effie Lenora Dwyer

(a) Residence, No. Bolivar Mo 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Dwyer dec

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 6 1871

7. AGE: YEARS 62 — MONTHS — DAYS 22 — 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) Laclede Co Mo

FATHER
13. NAME Dock Spitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Elizabeth Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Mrs Joe Spitz, Bolivar Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 3-1 1933

19. UNDERTAKER (ADDRESS) Hutcheson Blue Bolivar Mo.

20. FILED 3-1 1933 J. P. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933 to Feb 28, 1933
I last saw her alive on Feb 26 1933 Death is said to have occurred on the date stated above, at 1230 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/22/33
930	
930	
Other contributory causes of importance:	
Chronic myocarditis	
acute heart failure	2/26/33

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? 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) Doyle C McCrae, M. D.
(Address) Bolivar Mo