Fi-1 541

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

Do not use this space.

9857

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1461
Township Kan — Primary Registration District No. 1093 — Registered No.
City K. C. Mo (No. 204 Hayfield St. Ward)

2. FULL NAME John Henry Dye
(a) Residence, No. 2507 Spruce St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lucy Dye
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23-1853
7. AGE YEARS 80 MONTHS 5 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) N. J.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Julia Chapman 2507 Spruce
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE March 29, 1933
19. UNDERTAKER (ADDRESS) Rose & Henderson K. C. Mo
20. FILED Mch 29, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1933, to Mar-28, 1933
I last saw him alive on Mar-28, 1933 Death is said to have occurred on the date stated above, at 10 10 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/27/33
510	
100 510	

Other contributory causes of importance:
Carcinoma of prostate

Name of operation — Date of
What test confirmed diagnosis? Clin. Sex. 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) Fred H Evans, M. D.
(Address) 804 Argyle Bldg

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.

Argyle Bldg