

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

Do not use this space.

22532

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 128
Township Cape Creek Primary Registration District No. 5176B
City Raymond No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Cape Ridge (STATE OR COUNTRY) Mo.

FATHER
13. NAME Robert D. Dyer

14. BIRTHPLACE (CITY OR TOWN) near Cape Ridge (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Linda Hilder

16. BIRTHPLACE (CITY OR TOWN) near Cape Ridge (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Albert Hilder

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James DATE 7/11 1935

19. UNDERTAKER (ADDRESS) M. Gombel & Sons

20. FILED 1935 Jackson, Mo.

AUG 10 1935
Laura Beach
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1935
22. I HEREBY CERTIFY that I attended deceased from July 10, 5 AM, 1935, to July 10, 6 PM, 1935
Last saw him alive on July 10, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

(Blue Baby) Heart Valves failed to close.
1570 158
Other contributory causes of importance: none

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) H. L. Scarborough, M. D.
(Address) Jackson, Mo.

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.

AUG - 2 1935

