

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

Do not use this space.

29013

1. PLACE OF DEATH

County Carter Registration District No. 146
 Township Pika Primary Registration District No. 5207
 City _____ (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Dyles, John W.

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1915

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
18	7	15	

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Carter County
 (STATE OR COUNTRY) Missouri

13. NAME M. W. Dyles

14. BIRTHPLACE (CITY OR TOWN) Mt. Vernon
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Dicie Shelton

16. BIRTHPLACE (CITY OR TOWN) Butler County
 (STATE OR COUNTRY) Missouri

17. INFORMANT M. W. Dyles
 (ADDRESS) Carter County, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastwood DATE Sept. 18, 1933

19. UNDERTAKER W. C. Croy
 (ADDRESS) Van Buren, Mo.

20. FILED Oct. 10, 1933 Jessie Schupp
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

Severing of Right Carotid artery
174
Homicide
 Date of onset _____

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 9-16-33

Where did injury occur? Carter County, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Knife wound
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) W. B. Gray, Coroner

(Address) Van Buren, Mo.

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.

OCT 20 1933

