

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

Do not use this space.

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1. PLACE OF DEATH

County Luchanan Registration District No. _____
 Township St. Joseph Primary Registration District No. _____
 City St. Joseph (No. 2521 Lovers Lane St. _____ Ward) _____

File No. _____
 Registered No. 100

2. FULL NAME

(a) Residence, No. 2521 Lovers Lane 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed Kendall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 1877</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>5</u>	DAYS <u>17</u>
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) <u>1930</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Republic County Kansas</u>		
13. NAME <u>Buck Dyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kansas</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
17. INFORMANT <u>Gilbert Kendall</u> (ADDRESS) <u>1501 Randolph St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn</u> DATE <u>Jan. 30 1934</u>		
19. UNDERTAKER <u>E. P. Sidle</u> (ADDRESS) <u>602 So. 10th St</u>		
20. FILED <u>1-29 1934</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1934

22. I HEREBY CERTIFY That I attended deceased from Jan. 17 1934 to Jan. 28 1934.
 Last saw h. alive on Jan 28 1934. Death is said to have occurred on the date stated above, at 1:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary fibrillation, mitral regurgitation, and myocardial degeneration Date of onset Jan. 1932

Other contributory causes of importance:
Spontaneous adiposity 1910

Name of operation None Date of _____
 What test confirmed diagnosis? Phys. ex. Was there an autopsy? Yes

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? Yes
 If so, specify W. D. Dyer M. D.
 (Address) 705 Mason St. St. Joseph, Mo.

PAPER RESERVED FOR BINDING

WHEN PLAIN WITH UNFADING INK---THIS IS A PERMANENT RECORD

S. NO. 2

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.

FEB 27 1934

