

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

Do not use this space.

1016

V

**PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence

Registration District No. 398  
Primary Registration District No. 5587

File No. \_\_\_\_\_  
Registered No. 16  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Benjamin Walter Deyerle  
(a) Residence, No. 1822 Claremont 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 <u>Male</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>Frances B Dyerle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1853</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>3</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Retired lumber</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline County Missouri</u>		
13. NAME <u>John Deyerle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Catherine Coy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Frances B. Deyerle 1822 Claremont</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Washington</u> DATE <u>Jan 15 - 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Parsons Funeral Home Independence Mo</u>		
20. FILED <u>Jan 15 1934</u> <u>Dr. F. L. Cook</u> Registrar.		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 1st, 1934 to Jan 14th, 1934  
I last saw him alive on Jan 12, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency and Chron Myocarditis Date of onset 9 years  
Chronic Capitis 9 yrs  
Other contributory causes of importance  
None  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys diag Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J. N. Hill M. D.  
(Address) 1438 Ridgewood Independence Mo

FEB 27 1934

MARGIN RESERVED FOR BINDING

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.

S. NO. 2

