B 27 1934

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.

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

Do not use this space.

1135

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1135
Township — Primary Registration District No. 2667 — Registered No. 102
City Kansas City (No. 1128-White St. Ward)

2. FULL NAME John William Dwyer
(a) Residence, No. 1128-White 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: 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) Oct 25-1928
7. AGE: 5 YEARS, 2 MONTHS, 13 DAYS. If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME John Francis Dwyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Susie Deuling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan

17. INFORMANT (ADDRESS) John Francis Dwyer 1128-White Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Saint Marys DATE 1/10 1934

19. UNDERTAKER (ADDRESS) Smith Funeral Home 6606 Independence Ave

20. FILED Jan 9 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1933, to Jan. 8, 1934
I last saw him alive on Jan 7, 1934. Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hemolytic Jaundice	Birth
Acute Hemorrhagic Crisis	Jan. 8, 1934

Other contributory causes of importance:

Name of operation — Clinical and Laboratory Date of —
What test confirmed diagnosis? 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? No
If so, specify —
(Signed) Harold M. Roberts M. D.
(Address) 1324 Professional Bldg.