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.

Je 8411

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Dr. Paul Hospt. St. ..... Ward)

File No. 6435

Registered No. 1270

2. FULL NAME Willis Hughes Dyer

(a) Residence, No. 415 Clara Ave. St., 5 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Thomas Dyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 14 1872

7. AGE: YEARS 61 MONTHS 0 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Morganfield Kentucky

FATHER

13. NAME Daniel H. Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Kentucky

MOTHER

15. MAIDEN NAME Sarah K. Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morganfield Kentucky

17. INFORMANT (ADDRESS) Mary Willis Dyer 415 Clara av

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Valhalla DATE Feb 5 1934

19. UNDERTAKER (ADDRESS) Wagoner 3621 Olive St.

20. FILED FEB -5 1934 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 31, 1934, to Feby 2, 1934

I last saw her alive on Feby 2, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

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

	Date of onset
Primary Carcinoma Recto Sigmoid	5/1933
Other contributory causes of importance: Acute Intestinal obstruction	3 dgs

Name of operation Caecostomy Date of 2/2/34

What test confirmed diagnosis? Operation Was there an autopsy? no

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) P. J. Henry, M. D.

(Address) 634 N Broad.