

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 400

Township Paris Summit (No. None)

Primary Registration District No. 4235

File No. 17068

Registered No. 107 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Paris Summit St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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>R.W. Dyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31-1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Ind.</u>		
13. NAME <u>Geo. Zimmerman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Ind.</u>		
15. MAIDEN NAME <u>Margaret Steward</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Ky.</u>		
17. INFORMANT (ADDRESS) <u>Ottis Dyle Paris Summit Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Charant Hill</u> DATE <u>May 30-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Fields, James &amp; Co Paris Summit</u>		
20. FILED <u>May 29 1934</u> <u>William J. Fields</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from May 28 1934 to May 28 1934  
I last saw h. alive on May 28, 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bilateral Pneumonia (Lobar) Date of onset 1934  
131 / 108  
Other contributory causes of importance:  
Chronic Pulmonary Hypertension  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Wm J. Fields M. D.  
(Address) 803 - Paris Summit 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.

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JUN 2 1934

