

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

Do not use this space.

1928

1. PLACE OF DEATH

County Cooper Registration District No. 222 File No. 10
 Township Pilot Grove Primary Registration District No. 4135 Registered No. _____
 City Pilot Grove (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Wm. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Dwyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 4 19

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

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) Jan. 1 - 1928 11. Total time (years) spent in this occupation 70 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Missouri

13. NAME William Rabbit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

15. MAIDEN NAME Mary Bernam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

17. INFORMANT (ADDRESS) Mrs. Sam Murray Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Chapel Cem. DATE 6/7/34

19. UNDERTAKER (ADDRESS) Gray & Stocklin Pilot Grove, Mo.

20. FILED June 6, 1934 Mrs. E. B. McClintock Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to June 5, 1934

I last saw him alive on never, 1934 Death is said

to have occurred on the date stated above, at 7 P. m.

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

Arterio Sclerosis Date of onset _____
High Blood pressure
causing Paralytic Stroke apoplexy

Other contributory causes of importance: 82A

High blood pressure
Artero Sclerosis old age

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) Dr. R. L. Anderson 30
 (Address) Boonville Mo.
Coroner

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.

JUN 20 1934

