

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.

AUG 13 1934

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

Do not use this space.

23135

1. PLACE OF DEATH

County Bates
Township Deer Creek
City Adrian

Registration District No. 47
Primary Registration District No. 4027

File No. 23
Registered 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. N. Scott</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-6-1847</u>				
7. AGE	YEARS <u>86</u>	MONTHS <u>10</u>	DAYS <u>18</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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>Springfield Ill.</u>				
MOTHER FATHER	13. NAME <u>Orange Dyer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
	15. MAIDEN NAME <u>Maney Cook</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
17. INFORMANT <u>Lee Dyer</u> (ADDRESS) <u>Adrian Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deer Creek Hill</u> DATE <u>July 26 1934</u>				
19. UNDERTAKER <u>Leavelle & Son</u> (ADDRESS) <u>Adrian Mo</u>				
20. FILED <u>6/10</u> 19 <u>34</u> <u>Leavelle Deputy</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934 to July 24 1934
I last saw him alive on July 24 1934 Death is said to have occurred on the date stated above, at 7:05 P.M.
The principal cause of death and related causes of importance were as follows:
Heat Stroke Date of onset 191

Other contributory causes of importance:
none

Name of operation none Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? _____

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 E. E. Robinson
(Signed) _____ M. D.
(Address) Adrian Mo

