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.

NOV 20 1934

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 36660

Township ~~Marion~~ — Primary Registration District No. 3029 — Registered No. 304

City Hannibal — (No. St Elizabeth Hospital St. Ward)

2. FULL NAME Michael Dwyer

(a) Residence, No. 1214 Lyon St 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary S.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8th 1856

7. AGE: YEARS 78 — MONTHS 9 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Monroe County Mo

FATHER

13. NAME John Dwyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Margaret Lacey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mr Wm Dwyer 1214 Lyon St Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 10/22/34 19

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED 10 22 1934 E. M. Luck [signature] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1934, to Oct 18, 1934

I last saw him alive on Oct 18, 1934 Death is said to have occurred on the date stated above, at 2 30 a m.

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

Concussion of the brain — Date of onset 10-12-34

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-12-1934

Where did injury occur? Hannibal Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At Home

Manner of injury Fell

Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. C. Chilton, M. D.

(Address) 600 Broadway