DEC 18 1934

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

Do not use this space.

File No. 40035
Registered No. 319

1. PLACE OF DEATH

County: Marion — Registration District No. 547
Township: ~~Marion~~ — Primary Registration District No. 3029
City: Hannibal (No. 2101, Gordon St., 6 Ward)

2. FULL NAME John Fedrick Dwyer

(a) Residence, No. 2101 Gordon St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 12-1912

7. AGE: Years 22 | Months 5 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: International Shoe Co.
10. Date deceased last worked at this occupation (month and year): Oct. 31-1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co. Mo.

FATHER

13. NAME: Daniel George Dwyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls Co. Mo.

MOTHER

15. MAIDEN NAME: Rosie Gingery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls Co. Mo.

17. INFORMANT (ADDRESS): Rosie Dwyer, Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grand View Cemetery Oct. 8 - 1934

19. UNDERTAKER (ADDRESS): Roy P. Schwartz, Hannibal Mo.

20. FILED: Nov 7 1934 R. H. Shotts, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-4, 1934 to 11-6, 1934

I last saw him alive on 11-5, 1934. Death is said to have occurred on the date stated above, at 5:9 a.m.

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

	Date of onset
Meningitis - C. Spinal	11-1-34
" Meningo Coccus	

Other contributory causes of importance:

Name of operation: ..... Date of:
What test confirmed diagnosis? Lab. 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) W. H. Hardesty, M. D.
(Address) Hannibal Mo

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.