

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

Do not use this space.

JUN 24 1935

15558

1. PLACE OF DEATH
 County Bates Registration District No. 53
 Townshp. _____ Primary Registration District No. ADD5
 City Rich Hill Mo (No. _____) St. _____ Ward _____

2. FULL NAME James F. Dyiskill
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-30-1859

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
75 8 27 30

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

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 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 .1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1934, to May 27, 1935.
 I last saw him alive on May 26, 1935. Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Coroio Vasculor. Renal Disease
 Date of onset _____

Other contributory causes of importance:
121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME DYISKILL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT M. E. Dyiskill
 (ADDRESS) Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn DATE May-29-1935

19. UNDERTAKER Pond & Reasler
 (ADDRESS) Rich Hill Mo.

20. FILED May 27 1935 Danner J. Jackson
 Registrar.

Name of operation _____ 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) Robert Smith, M. D.
 (Address) Rich Hill, 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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