

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

Do not use this space.

OCT 22 1935

29119

1. PLACE OF DEATH

County DeKalb Registration District No. 260 File No. _____
 Township Grand River Primary Registration District No. 5363 Registered No. _____
 City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME Mary Elizebeth Dice

(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 Female 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 Kern Dice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>66</u>	<u>11</u>	<u>3</u>		

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

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) DeKalb Co

13. NAME Jacob Sherard

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ken.

15. MAIDEN NAME Martha Ann Clark

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Clinton Co. Mo.

17. INFORMANT Kern Dice (ADDRESS) CAMERON Mo # 5

18. BURIAL, CREMATION, OR REMOVAL Woods Cem. DATE 9/15-35 19

19. UNDERTAKER U. G. Pilcher (ADDRESS) Wayssville Mo

20. FILED Sept 19th 1935 Mary S. M. Mahill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14-35 19__

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12.05 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
AS
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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) Cameron, M. D.
 (Address) Cameron Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION FATHER MOTHER

