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.

FEB 21 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Shannon
Township: Riley
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 824
Primary Registration District No. 6289

File No. 4170
Registered No. .....

2. FULL NAME: Glen Dyer

(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: N
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): 2-4-1909

7. AGE: YEARS 26 | MONTHS 11 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm
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): Shannon Co. Mo.

FATHER
13. NAME: Joab Dyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shannon Co. Mo.

MOTHER
15. MAIDEN NAME: Grace Babcock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte Co. Mo.

17. INFORMANT (ADDRESS): J. H. Jones

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Dyer Cemetery DATE: Feb. 1- 36

19. UNDERTAKER (ADDRESS): None

20. FILED: 2-1-, 1936 Dr. F. Fyde, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/31/, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935, to 1/31/, 1936
I last saw him alive on 1/31/, 1936. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Suppression of Urine
Albuminuria
and High blood
Chronic Nephritis

Date of onset

Other contributory causes of importance:

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Name of operation ..... 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? ..... 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? .....
If so, specify .....
(Signed) J. B. McDaniels, M. D.
(Address) Summersville Mo.