

MAY 22 1936

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

Do not use this space.

15980

1. PLACE OF DEATH

County Marion
 Township Liberty
 City Liberty

Registration District No. 533
 Primary Registration District No. 5715

File No.
 Registered No. 55
 St. Ward)

2. FULL NAME

(a) Residence, No. John Judson Dye St. Dye
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Dye</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6 - 1870</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>6</u>	DAYS <u>19</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) Marion Co.
 (STATE OR COUNTRY)

13. NAME John Judson Dye

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

15. MAIDEN NAME Mary Brown

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

17. INFORMANT Claude N. Dye
 (ADDRESS) Farmer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE From Cemetery DATE 4/27 1936

19. UNDERTAKER H. J. Edwards
 (ADDRESS) Marion Co.

20. FILED 5/8 1936 Leo Henton
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 - 1936

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

I last saw him alive on, 19..... Death is said
 to have occurred on the date stated above, at 9:20 p. m.

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

Date of onset

Inquest was found
Dead at his home 9:20
Died from Heart & Aortic
arteriosclerosis & Aortic

Other contributory causes of importance:

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) W. H. Gresh, M. D.

(Address) Elmer 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

