

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.

NOV 27 1936

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

Do not use this space.

37397

1. PLACE OF DEATH
 County Green Registration District No. 318
 Township Springfield Primary Registration District No. 300
 (No. Spfd Hoop) St. _____ Ward _____

2. FULL NAME Edward Main Dwyer
 (a) Residence, No. 932 Neconcord 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.

File No. _____
 Registered No. 882

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>18</u>	<u>8</u>	<u>8</u>	<u>13</u>	

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

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) Springfield Mo

13. NAME J.E. Dwyer

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

15. MAIDEN NAME Cora Main

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shrewville Ohio

17. INFORMANT (ADDRESS) Mrs J.E. Dwyer Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Oct 20 1936

19. UNDERTAKER (ADDRESS) H. H. Loggeman Springfield Mo

20. FILED 10-20 1936 Chas. A. George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19th 1936

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

I last saw him dead Oct 19, 1936. Death is said to have occurred on the date stated above, at 1300 m.

The principal cause of death and related causes of importance were as follows:
Death was caused by a gunshot wound in left side of back, shot by a patient in a ditch of ditch.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10-19, 1936
 Where did injury occur? Springfield Mo
 (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. R. Patterson, M. D.
 (Address) Springfield, Mo

Coroner of Greene County, Mo.

