NOV 16 1936

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

Do not use this space.

37849

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. K C Gen Hosp St. Ward)

2. FULL NAME Joseph E Dyer
(a) Residence, No. 3736 Jackson St. Ward. (If nonresident, give city or town and State)
(Usual place of abode) 526 Kensington ave
Length of residence in city or town where death occurred 9 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1872

7. AGE — YEARS: 64 — MONTHS: 6 — DAYS: 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
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) Vec.

FATHER
13. NAME W. L. Dyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

MOTHER
15. MAIDEN NAME Margaret Kile
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

17. INFORMANT Record Clerk (ADDRESS) K C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE 10/27 1936

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Brooklyn ave

20. FILED Oct 26 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1936 to 10-25, 1936
I last saw her alive on 10-25, 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Cystitis	
Ascending Pyelonephritis	
Abscesses of Kidney	

Other contributory causes of importance:
Encephalomalacia

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? ..... 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. H. Jennett, M. D.
(Address) Sht K C Gen Hosp KC Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

X7044