

FEB 25 1937

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

Do not use this space.

1211

1. PLACE OF DEATH

County Layman  
Township Ypan  
City Camden (No. 12 C General Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles Dew  
(a) Residence, No. 637 1/2 Prospect Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary F. Dew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>2</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Boston (STATE OR COUNTRY) Mass

13. NAME James P Dew

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

15. MAIDEN NAME Martha Griffith

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

17. INFORMANT Reynold Clark (ADDRESS) 12 C General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 1/4 37

19. UNDERTAKER Stacy B. Smith (ADDRESS) \_\_\_\_\_

20. FILED 1-2 1937 M. M. Chow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1936 to 1-1, 1937

I last saw him alive on 1-1, 1937 Death is said to have occurred on the date stated above, at 2:50 P. M.

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

Chronic Fibrous Myo-Carditis; Chronic Glomerular Nephritis

Other contributory causes of importance: Hypertrophy and Dilatation of Heart

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) Dr. Dew, M. D.  
(Address) 12 C General Hosp

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Full name of informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

