

MAR 29 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County VernonRegistration District No. 871Township MetzPrimary Registration District No. 6104

City .....

(No. ....)

St. .... Ward)

File No. 9194Registered No. 32. FULL NAME Lyman Tolbert Dever(a) Residence, No. R. F. D. Rich Hill #3 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Dever6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>75</b>		<b>4</b>	<b>17</b>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<b>farmer</b>
	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) Clark Co. Illinois13. NAME Francis C. Dever14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware Co. Illinois15. MAIDEN NAME Eliza English16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Co. Ohio17. INFORMANT Mrs. L.T. Dever  
(ADDRESS) R. F. D. #3 Rich Hill, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Dorsley cem. DATE March, 2, 193719. UNDERTAKER Booth Service  
(ADDRESS) Rich Hill, Mo.20. FILED Feb. 28, 1937 C. H. Mueser  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 193722. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936 to Feb 28, 1937I last saw him alive on Feb 27, 1937 Death is saidto have occurred on the date stated above, at 3:30 P.M.

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

Pulm Tbc  
Myocarditis  
Arteriosclerosis

Date of onset

Other contributory causes of importance: 23

Name of operation .....

Date of no

What test confirmed diagnosis? .....

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Date of injury .....

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? no

If so, specify .....

(Signed) Leighton Smith, M. D.(Address) Rich Hill, Mo.

