

AUG - 5 1937

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

Do not use this space.

25855

## 1. PLACE OF DEATH

Homer G Phillips Hospital

County

Registration District No.

791

File No.

7029

Township

Primary Registration District No.

1003

Registered No.

City St. Louis

(No. 2601

N Whittier

St.

Ward)

## 2. FULL NAME

Paul Dryer

(a) Residence, No.

2823 Franklin

St. 21

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Male

Col.

Single

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

-----

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

Sept. 19, 1920

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .....hrs.  
or .....min.

16

10

1

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

nil

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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Louis  
Missouri

13. NAME

P Leonarth Dryer

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

Arkansas

15. MAIDEN NAME

Lulu Jones

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

Kansas

17. INFORMANT  
(ADDRESS)Evelyn Williams  
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Acre DATE 7/26-37, 19

19. UNDERTAKER  
(ADDRESS)P. B. L. Lohrey  
3124 Desens

20. FILED

JUL 24 1937

J. Bredeck  
Registrar.

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

July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from  
July 10, 1937, to July 20, 1937

I last saw him alive on July 20, 1937. Death is said

to have occurred on the date stated above, at 10:13<sup>a</sup> m.

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

Tuberculous Peritonitis

Date of onset

7/10/

37.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) A. L. Lewis, M. D.

(Address) 2601 N Whittier

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.

222-1-000

