

AUG 23 1937

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

Do not use this space.

27177

37. PLACE OF DEATH  
County Desnade Registration District No. 305  
Township Desnade Primary Registration District No. 542-34184  
City Owensville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hettie Adel Dyehouse  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Byron Dyehouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Beemont  
(STATE OR COUNTRY) Missouri

13. NAME Pearce Hutton

14. BIRTHPLACE (CITY OR TOWN) Franklin County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Miller

16. BIRTHPLACE (CITY OR TOWN) Stony Hill  
(STATE OR COUNTRY) Missouri

17. INFORMANT Byron Dyehouse  
(ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Owensville City Cemetery DATE July 9 1937

19. UNDERTAKER H. S. Gattensbacher  
(ADDRESS) Owensville, Mo.

20. FILED 7-13 1937 J. J. Ferrell  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to July 6 1937  
I last saw him alive on July 6 1937 Death is said to have occurred on the date stated above, at 1:45 P. m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast (Primary) Date of onset 1932  
Metastases of Lung, Liver 1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Joseph W. Mills M. D.  
(Address) Owensville Mo

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.

