AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi
Township Hopkins
City Charleston (No. ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 5762

File No. 27807
Registered No. 125

2. FULL NAME Infant Dyer Stillborn
(a) Residence, No. RFD #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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1937
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) Charleston Mo. RFD #3

FATHER
13. NAME Joe Dyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wickliffe Ky.

MOTHER
15. MAIDEN NAME Mildred Lay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT (ADDRESS) Joe Dyer Charleston Mo. RFD #3
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rush Ridge DATE July 3 1937
19. UNDERTAKER (ADDRESS) Frank Lay Funeral Service Charleston Mo.
20. FILED 7-3-1937 F. D. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1937 10 A.M.
22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1937, to July 2, 1937
I last saw her alive on —, 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Stillborn

Date of onset

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) F. H. Russell, M. D.
(Address) Wickliffe, Ky.

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.