

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Charles*
Township *Callaway*
City *Wentzville* (No.)

Registration District No. *757*
Primary Registration District No. *6000*

File No. *42314*
Registered No. *16* (Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *(late) May Dyer*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 13 1862*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 15

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

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) *West Hill Mo*13. NAME *David Dyer*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*15. MAIDEN NAME *Smith*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*17. INFORMANT *Agnes Bohr* (ADDRESS) *St. Charles, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Wentzville* DATE *12-1* 193719. UNDERTAKER *H. P. Turner* (ADDRESS) *Wentzville, Mo.*20. FILED *12/1* 1937 *O. G. Kuhn* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 28* 193722. I HEREBY CERTIFY, That I attended deceased from *Oct. 5* 1937 to *Nov. 28* 1937I last saw him alive on *11/18* 1937. Death is saidto have occurred on the date stated above, at *11:53* a.m.

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

Myocardial degeneration following acute pyelitis Date of onset *10/18/37*

Other contributory causes of importance:

Name of operation *None* 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

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) *W. C. Mc Murray*, M. D.(Address) *Wentzville, 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.

