

REC'D MAR 17 1938

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

6879

Do not use this space.

## 1. PLACE OF DEATH

(a) County Hickory Registration District No. 362  
(b) Township Green Primary Registration District No. 5507 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 5 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Ann Dwyer 660

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Solomon Dwyer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
83 8 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H-W.  
9. Industry or business in which work was done, as 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) Ky13. NAME William Binby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Sarah Tinsley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Mrs. A. J. Bruner  
(ADDRESS) Warbona, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cemetery DATE Feb 14, 193819. FUNERAL DIRECTOR Hutchinson-Blue  
(ADDRESS) Warbona, Mo.20. FILED 2-21-38 19 38 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1938

22. I HEREBY CERTIFY that I attended deceased from Jan 1, 1938 to Apr 12, 1938.  
I first saw her alive on Feb 1st, 1938. Death is said to 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:

Chronic myocarditis  
Date of onset 2 yrs

Other contributory causes of importance: arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Pathologic Was there an autopsy? No23. 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) L. A. Blasco, M. D.(Address) Warbona, Mo.

N.B.—Every item of information shown on this certificate is required. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that the cause may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, S. B. Hutchison, Licensed Embalmer No. 1331

hereby certify that the body recorded on the reverse side of this certificate was <sup>7107</sup>embalmed by embalmed

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

al. Issued. Except statement of O.C.M. ...  
al should be signed by O.C.M. ...  
C.V.D. ...

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

6879  
Do not use this space.

1. PLACE OF DEATH

(a) County Nickerson Registration District No. 362  
(b) Township Greene Primary Registration District No. 2507 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Ann Dwyer

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to Feb 13, 1938  
I last saw him alive on Feb 1st, 1938. Death is said to 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-2-1894

7. AGE YEARS 43 MONTHS 8 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Chronic Myocarditis (Date of onset)

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. H. W.  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Deficiency of Perial Circulation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME William Bimby

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

MOTHER 15. MAIDEN NAME Sarah Dinsley

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

17. INFORMANT (ADDRESS) Mrs. A. P. Bruner  
Urbana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell cem DATE Feb 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Hitchcock & Blue  
Bellevue Mo

20. FILED 4-12- 1938 John P. Dennis  
Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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 \_\_\_\_\_, 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) L. A. Glaves, M. D.  
(Address) Urbana Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
Every item 0 CAUSE OF DEATH properly classified. Fract statement of OCCUPATION is very important.

RECEIVED

S-6879

LA