

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscott
Township Buller
City Near Portageville, Mo.

Registration District No. 114
Primary Registration District No. 5867

File No. 7678
Registered No. 5
St. _____ Ward _____

2. FULL NAME James Edward Dye 000

(a) Residence, No. Portageville, Mo. R-2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Dollie Dye

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 5 21

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

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) Dec. 1937 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Deering, Mo. (STATE OR COUNTRY) Pemiscott

13. NAME James A. Dye

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

15. MAIDEN NAME Emma Rone

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

17. INFORMANT James A. Dye (ADDRESS) Portageville, Mo. R-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 3/1/38

19. UNDERTAKER LaForge Undertaking Co. (ADDRESS) Caruthersville, Mo.

20. FILED B-2-1938 May W. Cook Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb., 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb., 5, 38, 1938 just a few days, 1938

I last saw him alive on Feb. 27, 38 treatment im Death is said to have occurred on the date stated above, at 2.1 m.

The principal cause of death and related causes of importance were as follows: paroxysmal tachycardia Date of onset

Tachycardia

95a

Other contributory causes of importance: None

Name of operation None 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 _____

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? no

If so, specify _____

(Signed) A. A. Fisher M.D.
Portageville, Mo. (Address) 535

