

180 APR 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County Newton Registration District No. 609 File No. 11599
Township Neosho Primary Registration District No. 4363 Registered No. 29
City Neosho (No. Sal. Bowman Hospital) St. _____ Ward _____

2. FULL NAME

Robert L. Dyer 600
(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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dona Dyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1884

7. AGE YEARS 56 MONTHS 11 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Leander Dyer

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

15. MAIDEN NAME Nancy Carvin

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

17. INFORMANT Dona Dyer (ADDRESS) State mo A 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho DATE 3-19-38

19. UNDERTAKER Wm. C. Williams (ADDRESS) Neosho Mo.

20. FILED 3-18 1938 Onalassale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 17, 1938

I last saw h. alive on March 17, 1938. Death is said to have occurred on the date stated above, at 10:30 a. m.

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

Retained Date of onset _____

Other contributory causes of importance: 2 ft. mashed finger

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? Accid. Date of injury 3-22-38

Where did injury occur? Neosho - Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Mashed finger
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Melvin C. Brannon, M. D.

(Address) Neosho, 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.

