

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

Do not use this space.

REC'D MAY 16 1938

1. PLACE OF DEATH

County Wade Registration District No. 236
 Township Rock Prairie Primary Registration District No. 4143
 City Everton (No. _____) St. _____ Ward _____

File No. 14443

Registered No. _____

2. FULL NAME William Rauldy Dye

(a) Residence, No. _____ St. _____ 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

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 Widow
Sorothy Dye

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/23/1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 + 0 + 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Merchant

10. Date deceased last worked at this occupation (month and year) About 10 yrs 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Monroe County (STATE OR COUNTRY) Mo

13. NAME Edwice Dye

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

15. MAIDEN NAME Celia Ann Fletcher

16. BIRTHPLACE (CITY OR TOWN) Money, Mo (STATE OR COUNTRY) (2)

17. INFORMANT Harry E. Jucate (ADDRESS) Everton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unknown DATE 5/4 1938

19. UNDERTAKER H. Gallego (ADDRESS) Wash. Grove, Mo

20. FILED 5-3 1938 Mrs. A. P. Slapp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2 1938

22. I HEREBY CERTIFY, that I attended deceased from May 20 1938 to May 2 1938

I last saw him alive on Apr 29 1938 Death is said to have occurred on the date stated above, at 2:35 a.m.

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

Poping of a Badder + Arterio Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Ch. Path Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0 1938

Where did injury occur? 0 (Specify city or town, county, and State)

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

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. R. P. Jucate M. D.

(Address) Everton, 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.

200a

OLIVER & BROTHERS

CAUSE OF - WITH -

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

14443

Do not use this space.

1. PLACE OF DEATH
(a) County Dade Registration District No. 236
(b) Township Primary Registration District No. 4143 Registered No.
(c) City Everton (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Ramsey Pyle
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

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

19... to ... 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 9

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

Tubercia from bladder and kidneys
Enlarged Prostate!

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

Other contributory causes of importance:

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation 137 Date of.....

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis:..... Was there an autopsy?.....

17. INFORMANT (ADDRESS)

23. If death was due to external causes (violence), fill in also the following:

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

Accident, suicide, or homicide?..... Date of injury..... 19.....

19. FUNERAL DIRECTOR (ADDRESS)

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

20. FILED 19..... Local Registrar.

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. R. Pyle M. D.

(Address) Everton mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

