

REC'D JUN 9 1938

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

17820
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127 Registered No. 30
 (c) City St. Joseph (d) Street No. Lake Contrary 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis L. Dyer 600

(a) Residence, No. St. Joseph, Mo. Lake Contrary 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Dyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 26

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hartford Conn.

FATHER
 13. NAME James Carpenter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hartford Conn.

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

17. INFORMANT Anna Ingersoll
 (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Council Bluff, Iowa, May 13, 1938

19. FUNERAL DIRECTOR Liberty Funeral Chapel
 (ADDRESS) 6100 King Hill Ave St. Joseph

20. FILED May 12, 1938 Wynette M. Harrison Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 11 19 38

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938, to May 11, 1938.
 I last saw her alive on May 9, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset
4-24-38

Other contributory causes of importance:

probably obstructive of the coronary arteries

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical 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 38

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) W. A. Robertson, M. D.

(Address) St. Joseph, 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.

STATEMENT BY LICENSED EMBALMER

I, Bernard Frank, Licensed Embalmer No. 3782

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Bernard Frank

Licensed Embalmer No. 3782

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.)