

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.

DEC 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barton Registration District No. 1008
Township Newport Primary Registration District No. 5057
City (No.) St. () Ward ()

42239

File No. 3
Registered No. 3

2. FULL NAME

Cyrus Allen Dye
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mes. 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 Therania Dye

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 19

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

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) Scotland Co., Mo.

13. NAME Peter Dye

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Therania Dye
Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truett Cemetery DATE 12/29 38

19. UNDERTAKER (ADDRESS) River & Grand, Lamar
Lamar Mo.

20. FILED Jan 3 1938 J. W. Wise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1938, to Dec. 27 1938

I last saw him alive on Dec. 27 1938 Death is said to have occurred on the date stated above, at 8:40 A.M.

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

Pneumonia Lobor

Date of onset 12/20/38

Other contributory causes of importance: Chronic Heart Lesions

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? 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?
If so, specify

(Signed) Thos. J. Miller, M. D.
(Address) Lamar, Mo.

