

FEB 24 1939

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

2765
Do not use this space.

PLACE OF DEATH

County Johnson

Registration District No. 431

(b) Township

Primary Registration District No. 3023

Registered No. 7

(c) City Warrensburg

(d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edo Dyer

(a) Residence, No. _____ St.

(Usual place of abode, if no street address, write county or city) (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 - 1870

7. AGE YEARS 68 MONTHS 1 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Real Estate Dealer
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 _____

12. BIRTHPLACE (CITY OR TOWN) Johnson Co (STATE OR COUNTRY) Mo.

FATHER 13. NAME Jas. D. Dyer

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

MOTHER 15. MAIDEN NAME: Mary R. Greer

16. BIRTHPLACE (CITY OR TOWN) Johnson Co. (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Alex Dyer Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Jan - 21 - 1939

19. FUNERAL DIRECTOR (NAME) Sweeney - Phillips (ADDRESS) Warrensburg Mo.

20. FILED Jan 19 1939 Eva Kenty Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 19 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939, to Jan 19, 1939. I last saw him alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic alcoholism 12 yrs
Septic Eczema of 14 days
the right leg

Other contributory causes of importance:
Name of operation Ceclitics of eye Date of Several
What test confirmed diagnosis? _____ Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19____
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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John T. Anderson M.D.
39 (Address) Warrensburg 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.

75

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/3/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

S. R. Sworney

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *S. R. Sworney*

Licensed Embalmer No. *1121*

P. O. Address *Warrensburg*

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2965
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township Primary Registration District No. 3023 Registered No. 7
 (c) City Warrensburg (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 Beds Oyer

(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 27

OCCUPATION 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.....

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1939 to Jan 19, 1939
 Last saw him alive on Jan 19, 1939 Death is said to have occurred on the date stated above at 11 m.
 The principal cause of death and related causes of importance were as follows:

chronic alcoholism Date of onset
Septic Cellulitis of the
right leg, ruptured 14 days

Other contributory causes of importance:
his legs started
the infection
the 14th day

Name of operation amputation Date of operation 1-19-39
 What test confirmed diagnosis? st. specimen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury....., 19.....
 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 Cellulitis followed a
 Nature of injury pump on leg

24. Was disease or injury in any way related to occupation of deceased? M
 If so, specify John V. Anderson M. D.
 (Signed) Warrensburg
 (Address) Warrensburg

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

