

DEC'D MAY 10 1939

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

13770
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Hann Primary Registration District No. 11007
(c) City St. Louis City (d) Street No. 2110 East 36th St 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.

Registered No. 1524

2. PRINT FULL NAME

000 Mrs Nettie S Dye
(a) Residence, No. 2110 East 36th St 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widows

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31st 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) mo.13. NAME Thos C. Sublett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Jane Butts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Thos G. Dye
4015 East 11th St18. BURIAL, CREMATION, OR REMOVAL PLACE West Washington Co DATE 4/10/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Maehring
City20. FILED Apr 10 1939 M. M. Cronin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/39, 1922. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1939, to Apr 7, 1939I last saw her alive on Apr 7, 1939. Death is said to have occurred on the date stated above, at 1057 a.m.

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

Mitral regurgitation
& Peroneckemalous
Nephritis (chronic)
121

Other contributory causes of importance:

noneName of operation none Date ofWhat test confirmed diagnosis? none 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

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) Mallac H. Graham M. D.(Address) 578 Argyle Bldg, R. O. Co. Mo

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, _____

_____ or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Handwritten notes:
K.L. 0494
See 1816
K.L. 0494