

REC'D MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair Registration District No. 765
Township Orcola Primary Registration District No. 6266
City (No. _____) St. _____ Ward _____

File No. 15975
Registered No. 6

2. FULL NAME 650 Walter W Dyer

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

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) 3-25-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. brass maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Orcola Mo

13. NAME John W Dyer

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

15. MAIDEN NAME Phoebe Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetzel W. Va.

17. INFORMANT (ADDRESS) Maud Dyer Orcola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Orcola DATE 3-21 1939

19. UNDERTAKER (ADDRESS) C. S. Hull Orcola Mo

20. FILED 4-1 1939 Ruth Seavers Registrar. 684

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1939, to 3-19 1939
I last saw him alive on 3-18 1939 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:
acute endo and myo carditis Date of onset _____
11/2
Other contributory causes of importance:
Influenza - chronic
asthma

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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____
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) Ruth Seavers, M. D.
(Address) Orcola 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,
District File Number 7-35-249
Date Filed 5-8-39