

REC'D AUG 18 1939

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

1. PLACE OF DEATH

56 County Lewis 2 Registration District No. 478 File No. 26121
Township Highland 1 Primary Registration District No. 5642 Registered No. 11
City Evings (No. _____) St. _____ Ward _____

2. FULL NAME

607 George Marion Dyer
(a) Residence: _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

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

22. I HEREBY CERTIFY that I attended deceased from July 7, 1939, to July 10, 1939

I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at 5 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1867

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 3 4

Apoplexy Date of onset _____

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sub gardner

10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation Life

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. Illinois

13. NAME Jacob Dyer

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

15. MAIDEN NAME Sarah Little

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

17. INFORMANT (ADDRESS) Grace Baker Knox City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Condover cemetery DATE July 12, 1939

19. UNDERTAKER (ADDRESS) Thos. Ball 431 Evings Mo.

20. FILED 8-9, 1939 Anna K. Ball Registrar

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 _____, 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? _____

If so, specify _____

(Signed) Thos. M. Peterson, M. D.

(Address) Knox City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten notes and numbers, possibly a date or file number, including "1867" and "1939".

RECEIVED

District Health Officer No. 10

District File Number 839-1476

Date Filed AUG 9 1939