

AGE JUL 15 '40

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

23110  
Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 2 904

(b) Township Union Primary Registration District No. 6215- Registered No. \_\_\_\_\_

(c) City Sheridan (d) Street No. \_\_\_\_\_ 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 Charley Albert Dye

(a) Residence, No. Sheridan, Mo. St.  (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>54</u>	<u>10</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day laborer

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) April 27, 1940 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER

13. NAME James Dye

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) \_\_\_\_\_

MOTHER

15. MAIDEN NAME Ellen Miller

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Maude Dye (ADDRESS) Sheridan

18. BURIAL, CREMATION, OR REMOVAL PLACE Athelstan, Ia DATE May 2 1940

19. FUNERAL DIRECTOR (NAME) Arch C. Dunfee (ADDRESS) Grant City, Mo

20. FILED May 2 1940 Mrs. O. H. Bond Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1940

22. I HEREBY CERTIFY, That I attended deceased from April 29 1940 to April 29 1940

I last saw him ~~him~~ on April 29 1940 Death is said to have occurred on the date stated above, at 2:30 am.

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

Heart Failure  
I think as he was  
dead when I saw him

Date of onset \_\_\_\_\_

Other contributory causes of importance: 200W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? no 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? no injury  
(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) Egbert Crowson, M. D.  
(Address) Parnell 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.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 11;

District File Number

740-1003

Date Filed

JUL 3 1940

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 *Arch C. Duffee*

Licensed Embalmer No. 3252

P. O. Address *Grant City, Mo.*

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.