

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

Do not use this space.

445

**FEB 20 1928**

**1. PLACE OF DEATH**

County Cass Registration District No. 156 File No. \_\_\_\_\_  
 Township Grand River Primary Registration District No. 1177 Registered No. 1  
 City Harrisonville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Stella Diehl  
 (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 47 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
-------------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 - 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>47</u>	<u>2</u>	<u>6</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Book Keeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Harrisonville  
 (STATE OR COUNTRY) MO.

10. NAME OF FATHER Joseph Ross Diehl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Martine Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Iowa

14. INFORMANT Elizabeth Diehl  
 (Address) Harrisonville, Mo.

15. FILED 1/5 28 L. J. Long REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1928

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
1-2-28, 1928 to 1-5-28 1928  
 that I last saw h. alive on 1-5-28, and that death occurred, on the date stated above, at 7:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial pneumonia  
septicaemia  
11A  
107A

CONTRIBUTORY (SECONDARY) 11A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dward Sharg M. D.

1/5, 1928 (Address) Aville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oakland</u>	DATE OF BURIAL <u>1/7 1928</u>
--	-----------------------------------

20. UNDERTAKER <u>Rummenberger Bros Co</u>	ADDRESS <u>Harrisonville Mo</u>
---	------------------------------------

PHYSICIANS SHOULD STATE EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

