

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

Do not use this space.

17454

1. PLACE OF DEATH

County Jackson
Township Prairie
City (No.)

Registration District No. 400
Primary Registration District No. 5553B

File No. 67
Registered No. 67
St. Ward

2. FULL NAME

Martha Dressendorfer

(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 12 yrs. 11 mos. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) May 9 - 1915

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	12	11	30	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School-girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Jackson Co Mo.

10. NAME OF FATHER John Dressendorfer

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Bascomb Mo.

12. MAIDEN NAME OF MOTHER Eva Hempshire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Jackson Co Mo.

14. INFORMANT (Address) John Dressendorfer, Lee's Summit Mo.

15. FILED May 9 1928 F. M. Schick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 - 1928

17. I HEREBY CERTIFY That I attended deceased from Apr. 13, 1928, to May 8, 1928 that last saw him alive on May 8, 1928, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tetany (duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Malnutrition (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 67 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) A. E. Dewaney M. D.

(Address) Lee's Summit, 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 Raymore Cemetery DATE OF BURIAL May 9 1928

20. UNDERTAKER F. M. Schick Son ADDRESS Lee's Summit 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.

