

JUL 25 1928

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Grandview
City Grandview (No.)

Registration District No. 464
Primary Registration District No. 3388

File No. 20967
Registered No. 37
St. Ward)

2. FULL NAME

William H. Ditke

(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 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928, to June 27, 1928 that I last saw him alive on June 22, 1928, and that death occurred, on the date stated above, at 5 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-12-1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 7 15

Mitral Insufficiency + Atherosclerosis (duration) 10 yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Ret. Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTOR (SECONDARY) Ischemic Heart (duration) 10 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

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

10. NAME OF FATHER Joseph Ditke

DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Mary MacLay

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Joseph J. Drumm, M. D. , 19 (Address) Grandview Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

*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.

14. INFORMANT (Address) Mrs W. H. Ditke Grandview

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellton DATE OF BURIAL 6-28 1928

15. FILED 6-29 1928 R. F. Drinnan REGISTRAR

20. UNDERTAKER E. H. George ADDRESS Bellton

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.

