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

Do not use this space.
33629
4169

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson Registration District No. File No.
Township Kaw Primary Registration District No. Registered No.
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME DRESSEL, Dave Harvey C-None SPBW
(a) Residence. No. 3026 Wabash St., 11 Ward. Pvt. Air Service, Unassn.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred Kansas City, Mo. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Aug. 7, 1888

7. AGE: Years 40 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Eastland
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER John F Dressel
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Lucy Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs. Lucy Roseberry (mother)
(Address) 3026 Wabash, K.C.Mo.

15. FILED 10/13, 1928 MM Crowe act REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 11 1928

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to October 11, 1928 that I last saw him alive on October 11, 1928 and that death occurred, on the date stated above, at 9:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pul. chronic, advanced.
2.3 B
Not known. (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab. & X-ray
10/12/28 (Signed) W.E. Chambers, M.D.
W.E. CHAMBERS, Medical Officer in Charge.
F.S. U.S.V.Hosp. Kansas City, Missouri.

*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: Forest Hill Cemetery
DATE OF BURIAL: Oct 13 1928
20. UNDERTAKER: Eylar Funeral Home
ADDRESS: 1800 Linwood

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD