

JAN 28 1929

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

Do not use this space.

43895

1. PLACE OF DEATH

County Peru Registration District No. 884
Township Forester Primary Registration District No. 5176
City Marshallville St. _____ Ward _____

2. FULL NAME

Julie M. Dickhaus
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 54 yrs. 5 mos. 24 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) June 15 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
54 5 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Marshallville Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Henry B. Dickhaus

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

12. MAIDEN NAME OF MOTHER Anna Bauhoff

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

14. INFORMANT Alvin C. Dickhaus
(Address) Marshallville Mo

15. FILED Dec 10 28 G. C. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925, to Mar 20, 1928, that I last saw him alive on Dec 9, 1928, and that death occurred, on the date stated above, at 7:48 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Gastritis
115B
119C
119B
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY ulceration of teeth
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Glycocal

(Signed) G. C. Johnson, M. D.

, 19 (Address) Marshallville 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 Buttows Mo DATE OF BURIAL Dec 12 1928

20. UNDERTAKER Bred Whittsburg ADDRESS Marshallville Mo

K. 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.

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