

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

Do not use this space.

1930

PLACE OF DEATH

County Jackson
Township W. D. Page
City Buckner (No.)

Registration District No. 396
Primary Registration District No. 5552

File No.
Registered No. 13
St. Ward)

2. FULL NAME Katharine Maria Wittthar Drewel
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Friedrich P. Drewel
6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 25, 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 20

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

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

10. NAME OF FATHER Henry J. Wittthar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wilhelmine M. Judemann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Wm. Frick
(Address) Buckner Mo.

15. FILED 7-10 1930 N. W. Mansfield REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1929, to June 15, 1930, and that I last saw her alive on June 15, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma descending Colon
460 (duration) 4 wks yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 460
IF NOT AT PLACE OF DEATH X

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS X
(Signed) John W. Robertson, M. D.
7-10-1930 (Address) Buckner 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 Wood Lawn Cemetery DATE OF BURIAL June 18, 1930

20. UNDERTAKER Herman M. Reppert ADDRESS Buckner Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

48

22-5

10

