

42
 SEP 24 1930

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

Do not use this space.

26506

1. PLACE OF DEATH

County Henry
 Township Ohio
 City (No.) (No.) St. Ward)

Registration District No. 349
 Primary Registration District No. 3487

File No.
 Registered No. 20

2. FULL NAME

(Not married) Wietrick

(a) Residence. No. St. Ward.
 (Usual place of abode)

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 7 4. COLOR OR RACE W 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) July 24-1930
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 7 8

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

9. BIRTHPLACE (CITY OR TOWN) near Calhoun, Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER G D Wietrick
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Derlington, Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Delta Wilson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

14. INFORMANT G D Wietrick
 (Address) Calhoun Mo

15. FILED 8-6-1930 Miss A. D. Gray
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1930 to Aug 2 1930 that I last saw h. e. alive on Aug 2 1930, and that death occurred, on the date stated above at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery acute
 (duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) 120
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) J R Sample, M. D.
 (Address) Clinton

*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 Calhoun DATE OF BURIAL Aug 2 1930

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

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

