

NOV 28 1930

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

Do not use this space.

35208

1. PLACE OF DEATH

County Warren
Township Charlotte
City (No. _____) _____

Registration District No. 884
Primary Registration District No. 8176

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME Frank Dedert

(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 17 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 24, 1863</u>		
7. AGE <u>67</u> YEARS	<u>5</u> MONTHS	<u>20</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1927 to Oct 20 1930, 1930 that I last saw him alive on Oct 18 1930, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

936 85 Epilepsy (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) 5 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Quincy, Ill.
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. C. Johnson, M. D.
, 19 _____ (Address) Northsville

PARENTS

10. NAME OF FATHER Not Known

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

12. MAIDEN NAME OF MOTHER Not Known

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

*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 Ed. Stierm
(Address) Northsville, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Quincy, Ill. DATE OF BURIAL Oct 23 1930

15. FILED Oct 20 1930 H. C. Johnson
REGISTRAR

20. UNDERTAKER Fred Sheltenby ADDRESS Northsville

Every year or 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.

