

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

Do not use this space.

28348-3476

1. PLACE OF DEATH
 County Jackson Registration District No. _____ File No. _____
 Township Kau Primary Registration District No. _____ Registered No. _____
 City Kansas City, Mo (No. St. Lukes Hospital St. _____ Ward _____)
 2. FULL NAME Carl Burton Dedrick
 (a) Residence. No. 200 No. Elmwood St. (10) 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Hilley Dedrick
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-9-1875
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 9 6
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Foreman Circulation
 (b) General nature of industry, business, or establishment in which employed (or employer) Dept. N.C. Star newspaper
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 10. NAME OF FATHER Lyndon E
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York
 12. MAIDEN NAME OF MOTHER Marietta Stephen
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Mrs. Fred Hedberg
 (Address) Lenora Park

15. FILED 8/15, 1931 M. M. Crowe REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1931
 17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Aug 15, 1931, that I last saw him alive on Aug 14, 1931, and that death occurred, on the date stated above, at 12:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Occlusion
 (duration) _____ yrs. _____ mos. 2 ds.
 CONTRIBUTORY (SECONDARY) Foci of infection (Dent)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Looked out at N. C. Star
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Paul H. Ogden, M. D.
8-15, 1931 (Address) 810 N. 10th St. Kansas

*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 Memorial Park Cem DATE OF BURIAL Aug 17 1931
 20. UNDERTAKER A. P. Doehler ADDRESS 1415 E 15

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Oglun