

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

Do not use this space.

**28635**

**1. PLACE OF DEATH**

County Baldwell Registration District No. 96  
 Township \_\_\_\_\_ Primary Registration District No. 4058  
 City Hamilton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Margaret H. Dierdorff  
 (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) widow  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Dierdorff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1845

7. AGE YEARS 87 MONTHS 1 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strathaven Scotland

13. NAME Wm Whitlaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kilmarnock Scotland

15. MAIDEN NAME Margaret Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurik Scotland

17. INFORMANT (ADDRESS) Elka W. Murrell Hamilton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Sept 23 1932

19. UNDERTAKER (ADDRESS) John Houghton Hamilton Mo.

20. FILED Sept 27 1932 Irene Kemper Registrar.

**2**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31 1932 to Sept 21 1932  
 I last saw him alive on Sept 21 1932. Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis  
 Chronic Acute Cystitis  
 Date of onset 3 mo.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Hubert R. Booth, M. D.  
 (Address) Hamilton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 24 1932

