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

Do not use this space.

File No. 132542

Registered No.

24

1. PLACE OF DEATH County: Clay — Registration District No. 201
Township: Kansas City — Primary Registration District No. 5280
City: Missouri City (No. ..... St. ..... Ward)

2. FULL NAME: Charles Wesley Diebler

(a) Residence, No. ..... St. ..... Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
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 16 - 1868

7. AGE: Years 65 — Months 3 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Missouri City Coal Co
10. Date deceased last worked at this occupation (month and year): 10 Mo
11. Total time (years) spent in this occupation: 23 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [redacted] Penn.

FATHER

13. NAME: Amos Diebler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER

15. MAIDEN NAME: Emiline Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT (ADDRESS): Mrs. Mary Johnson, Susquehanna Pa

18. BURIAL, CREMATION, OR REMOVAL: Front Run
PLACE: Front Run Pa DATE: 10/28/33

19. UNDERTAKER (ADDRESS): Chas. Archer Co. Lexington Mo

20. FILED: 10/29/33 E. T. Grant, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 27, 1933

Last saw he alive on Oct 27, 1933. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset

936
953

Other contributory causes of importance:

Cardiac Hotter

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) J. H. Matthews, M. D.

(Address) Lexington Mo

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

NOV 10 1933