

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.

JAN 26 1934
322

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

Do not use this space.

39248

85

1. PLACE OF DEATH

County Rushman Registration District No. 1001
Township St. Joseph Primary Registration District No. 1001
City St. Joseph Mo. State Hospital for Insane No. 2 No. 1274 (If nonresident, give city or town and State) Ward

2. FULL NAME

(a) Residence, No. 11708 Bellevue St. J. Mo. Ward. (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1960

7. AGE YEARS 73 MONTHS None DAYS None IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Osceola Mo. Kansas

FATHER 13. NAME Jacob L. Dieter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Katherine Dietz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) State Hospital for Insane

18. BURIAL, CREMATION, OR REMOVAL PLACE Mansfield Mo. DATE Dec 26 1933

19. UNDERTAKER (ADDRESS) Healon B. Holo, 11 Brownson

20. FILED 12-24 19 1933 John R. Bender Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933 to Dec 24 1933

I last saw him alive on Dec 23 1933 Death is said to have occurred on the date stated above, at 3:59 a.m.

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

Empyema & Pneumonia
11/20
11/7/33
1933
Other contributory causes of importance: Chronic Bronchitis
Date of onset Dec 15-33

Name of operator Robt. R. Peterson Date of Dec 23 1933

What test confirmed diagnosis? Cem Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) R. E. Miles M. D.

(Address) St. Joseph Mo

