FEB 1934

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.

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

Do not use this space.

1221

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. 101
Township Raw — Primary Registration District No. [illegible] — Registered No.
City Kansas City (No. 200 No. Elmwood St. Ward)

2. FULL NAME Miss Mary Isabelle Dedrick
(a) Residence, No. 200 No. Elmwood 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 Female
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) May 5-1857
7. AGE YEARS 76 MONTHS 8 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME John Dedrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Ruth Batley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs Jean Hedberg Geneva Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan 16 1934

19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 East 15

20. FILED Jan 15 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1934

22. I HEREBY CERTIFY That I attended deceased from 12-25- 1933, to 1-14- 1934
I last saw her alive on 1-13 1934 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	Doubtful
46A 11B	
Other contributory causes of importance: Insulin	Dec 25-33

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Dyspnea Was there an autopsy? No

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) G. C. B. Elstow, M. D.
(Address) 933 Lathrop Bldg.

Dr. Geo. B. Gibson
Lathrop Bldg Room 333
Office - Phone VI-4478
Res - " " BE-0972
108 No. Lawn