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.

FEB 27 1934

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

Do not use this space.

3276

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. ....., ..... St. ..... Ward)

File No. 937

Registered No. .....

2. FULL NAME William Henry Drescher.

(a) Residence, No. 5426 Vernon Ave. St., 5 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: Julia Nesmith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1851

7. AGE: 82 YEARS, 7 MONTHS, 20 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: clothing

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): Mo.

FATHER

13. NAME: Judge M.B.Drescher

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

MOTHER

15. MAIDEN NAME: Mellisa Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs C. Meek 5426 Vernon

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Valhalla DATE: Jan, 26, 1934

19. UNDERTAKER (ADDRESS): Mayer 4356 Lindell Blvd

20. FILED: 20 1934 19 J F Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 25, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Jan 25, 1934

I last saw him alive on Jan 24, 1934. Death is said to have occurred on the date stated above, at 4 30 A.m.

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

Chronic Interstitial Nephritis

131

137

102

151

Date of onset

Other contributory causes of importance:

Hypertrophic Prostate

Hypertension

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

What test confirmed diagnosis? Urinalysis 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? no

If so, specify .....

(Signed) J Roy Compton, M. D.

(Address) 7104 Page Blvd