

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

Do not use this space.

26153

1. PLACE OF DEATH

92 County S. St. Charles
Township Dudman
City Dudman (No. _____)

Registration District No. 760
Primary Registration District No. 6001

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28-1933</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>1</u>	<u>5</u>	<u>26</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dudman Mo

13. NAME Sp. L. Dickhuber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dudman Mo

15. MAIDEN NAME Orf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dudman Mo

17. INFORMANT J. L. Dickhuber
(ADDRESS) Spallan mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dudman DATE July 26, 1934

19. UNDERTAKER (ADDRESS) Wentworths 240

20. FILED 7/30 1934 W. C. Aldrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1934

22. I HEREBY CERTIFY that I attended deceased from July 19 1934, to July 24, 1934
I last saw him alive on July 24, 1934. Death is said to have occurred on the date stated above, at 12:49
The principal cause of death and related causes of importance were as follows:

Enteric Colitis
1198
1196

Other contributory causes of importance: _____

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. L. Dickhuber M. D.
(Address) Spallan 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.

AUG 10 1934

