

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.

MAR 4 1935

1. PLACE OF DEATH

County Schuyler
Township Paris
City Queencity, Mo. (No. _____)

Registration District No. 806
Primary Registration District No. 6052

File No. 3986
Registered No. _____
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. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Dierling deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 6 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Queencity, Mo.

MOTHER / FATHER 13. NAME Minnie Dierling

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

15. MAIDEN NAME Katie Snawbarger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Clarence Dierling (ADDRESS) Queencity, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queencity Cem. DATE Jan 27 1935

19. UNDERTAKER Wm. H. West (ADDRESS) Queencity, Mo.

20. FILED Jan 26 1935 J. T. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 24 1935 to Jan 25 1935
I last saw him alive on January 25 1935. Death is said to have occurred on the date stated above, at 9.10 a.m.

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

Labor Pneumonia
108
Date of onset 1/24/35

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? no
If so, specify _____
(Signed) L. J. ... M. D.
(Address) Queencity, Mo.

