

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

Do not use this space.

26596

SEP 25 1935

1. PLACE OF DEATH

County Jackson
Township above
City Ke Mo

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3345
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3406 Jefferson, 3406 Jeff Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 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 7 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 Albert Dietz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
64 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Austria

13. NAME Joseph Dvorak

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

15. MAIDEN NAME Petersonia Dvorak

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

17. INFORMANT Mr. Albert Dietz (ADDRESS) City

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 26, 1935

19. UNDERTAKER Melody M. Kelly (ADDRESS) Ke Mo

20. FILED Aug 25 1935 M. E. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to Aug 24, 1935.
I last saw him alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Acute cholecystitis
chronic cholecystitis
cholelithiasis
Diabetes mellitus 2 yrs.

Other contributory causes of importance:

Terminal septicaemia 3 wks
(on therapy to Sept 10, 1935)
Infected finger (Right) 2 mo.

Name of operator Paul Bladen Maloy Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? Yes

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? Yes
If so, specify _____

(Signed) H. H. Lane-Joshua, M. D.
(Address) Ke Mo City Mo.

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.

