

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002
 (No. 810 Fremont St)

File No. 1567
 Registered No. 421
 St. _____ Ward _____

2. FULL NAME Henry P. Dreher.

(a) Residence, No. 810 Fremont St
 (Usual place of abode)

Length of residence in city or town where death occurred 33 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Davis		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22/1882		
7. AGE 93	YEARS 1	MONTHS 3
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. Steel Mill
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

13. NAME Danial Dreher
 14. BIRTHPLACE (CITY OR TOWN) Penn
 (STATE OR COUNTRY)

15. MAIDEN NAME No Record.
 16. BIRTHPLACE (CITY OR TOWN) No Record.
 (STATE OR COUNTRY)

17. INFORMANT Walter E. Dreher.
(ADDRESS) 6417 1/2 East 12 st Terr18. BURIAL, CREMATION, OR REMOVAL
PLACE Belton Mo. DATE 1/28/36, 1919. UNDERTAKER Sheil Funeral Home
(ADDRESS) 6606 Independence Ave20. FILED 1-27-1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan/25/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936, to Jan 26, 1936
 I last saw him alive on 2 P.M. Jan 26, 1936. Death is said to have occurred on the date stated above, at 4:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Branchial Pneumonia

Other contributory causes of importance: _____

Name of operation none 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) Paul H. Brown, M. D.
 (Address) 920 Hudson

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100-444444

RECEIVED
FEBRUARY 1964