FEB 20 1936

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

Do not use this space.

1571

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 425
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. , St Luke's Hospital St. Ward)

2. FULL NAME David Dietrich
(a) Residence, No. 910 W. 33rd Terr. St., 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 Maggie Dietrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
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) Ottawa, Kansas

FATHER
13. NAME John Dietrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margaret Marks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Roy K Dietrich
(ADDRESS) 2626 E 28th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE Jan 29 1936

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 N Linwood

20. FILED 1-27- 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/14/35, 19..., to 1/27/36, 19...
I last saw him alive on 1/26/35, 19... Death is said to have occurred on the date stated above, at 2:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Urinary Bladder	11/1/35

Other contributory causes of importance:
Uraemia
Exhaustion

Name of operation Cystostomy Date of 11/14/35
What test confirmed diagnosis? Biopsy 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?
If so, specify
(Signed) [signature], M. D.
(Address) 1500 Prof Bldg

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]

(P[illegible] C [illegible]

[illegible] 1145