

JUL 16 1936

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

Do not use this space.

21881

1. PLACE OF DEATH

County Andrew Registration District No. 11  
Township Clay Primary Registration District No. 5014  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. 11  
St. .... Ward .....

2. FULL NAME

Wayne Dean Dreher  
(a) Residence, No. .... 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>20</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.	
	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) <u>Andrew Co. Mo.</u>		
FATHER	13. NAME <u>Sol W. Dreher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holt Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ethel M. Combs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mound City Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Ethel Dreher Rosendale Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amboch</u> DATE <u>June 28, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>C. W. Cole Tallmore Mo.</u>		
20. FILED <u>June 30, 1936</u> <u>C. W. Cole</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ <sup>diagnosed</sup> deceased from Amboch, 1936, to Amboch, 1936.  
I last saw him alive on June 26, 1936. Death is said to have occurred on the date stated above, at 3:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
General Toxemia Hemolytic Type  
Date of onset .....

Other contributory causes of importance:  
Bite by undetermined Venomous Reptile Probably Copperhead Snake

Name of operation None Date of .....

What test confirmed diagnosis? ETX Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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 M. S. Holliday, M. D.  
(Signed) Fillmore Mo  
(Address) brother of Andrew Combs

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.

