FEB 17 1937

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

Do not use this space.

2218

1. PLACE OF DEATH
64 County Marion — Registration District No. 547
1 Township ~~Marion~~ — Primary Registration District No. 3029
8 City Hannibal (No. Levering Hospital 1 St. ..... Ward)

File No. .....
Registered No. 3

2. FULL NAME Chas. G. Dreyer
(a) Residence, No. 2719 Hubbard St., ... Ward. 1
(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~~ Ethel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28th, 1867

7. AGE: YEARS 69 — MONTHS 3 — DAYS --- — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer 181
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

FATHER
13. NAME Gotlieb Dreyer 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

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

17. INFORMANT (ADDRESS) Mrs Chas. Dreyer 2719 Hubbard Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview Burial Park DATE 12/31/ 1936

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED Jan 2 1937 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1936, to 12-28, 1936
I last saw him alive on 12-28, 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Dec 1936
46	
Other contributory causes of importance:	
Abrasion of leg - cellulitis, phlebitis	11-4-36
Metastatic carcinoma	Dec 1936

Name of operation none Date of .....
What test confirmed diagnosis? autopsy 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 Contributory abrasion of leg while on duty as policeman.
(Signed) Howard A. Goodrich, M. D.
(Address) Hannibal, Mo

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.

20M-2-19-36 I X7294