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.

FEB 18 1937

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

Do not use this space.

2346

1. PLACE OF DEATH
County Morgan
Township Moreau
City ..... (No. ..... 2 ..... St. ..... Ward)

Registration District No. 953
Primary Registration District No. 5792-6

File No. 1
Registered No. .....

2. FULL NAME John S. Dettwiler
(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 M
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 Fannie M. Driver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1—1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
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) Morgan Co. Mo.

FATHER
13. NAME Jonas W. Dettwiler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME Amanda Eby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Mrs. J. S. Dettwiler Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Zion DATE Jan. 12, 1937

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo.

20. FILED Feby 9, 1937 Julius R. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1937, to Jan 8th, 1937
I last saw him alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 2:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease Form Albuminuria of Kidneys complicated with Enlarged Prostate Glands.	2 yrs

Other contributory causes of importance: nothing

Name of operation ..... 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? .....
If so, specify .....
(Signed) H E Blackstein, M. D.
(Address) Versailles Mo.