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.

JAN 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Platte — Registration District No. 694 — File No. 2615
Township Ill Roe — Primary Registration District No. 4416 — Registered No.
City (No. 2 St. Ward)

2. FULL NAME Mrs. Dora Oberdiek
(a) Residence, No. East Leavenworth, Mo 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: Female
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: Charles Oberdiek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17, 1878

7. AGE: YEARS 58 — MONTHS — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 7 35
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): Platte Co. Mo.

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

MOTHER
15. MAIDEN NAME: Louise Massmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Charles Oberdiek, East Leavenworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City, Mo DATE Jan. 5, 1937

19. UNDERTAKER (ADDRESS): L. F. Rollins, Platte City, Mo.

20. FILED Jan 7 1937 Elizabeth Niemann, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan'y 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to Jan'y 3, 1937
I last saw her alive on Jan'y 3, 1937. Death is said to have occurred on the date stated above, at 10p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, probably 5 or 6 years	X
Pneumonia, a year ago	
Nephritis, for 6 months	
Cerebral thrombosis, Mo. 536	

Other contributory causes of importance:

23

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) H. J. Stacey, M. D.
(Address) Leavenworth, Kansas.