

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Jackson Registration District No. 470
 Township Junction Primary Registration District No. 5640
 City (No.) St. Ward

 File No. 7014
 Registered No. 33

2. FULL NAME

Diehnman, Fred
 (a) Residence, No. St., Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, 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) Mansfield R.D. (STATE OR COUNTRY)13. NAME Paul Graden Rodgers14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)15. MAIDEN NAME Betha Ada Malicot16. BIRTHPLACE (CITY OR TOWN) Paltan Mo (STATE OR COUNTRY)17. INFORMANT P. B. Rodgers (ADDRESS) Mansfield18. BURIAL, CREMATION, OR REMOVAL PLACE Burkman Cem DATE Feb 26 193719. UNDERTAKER Fossett Funeral Home (ADDRESS) Mansfield Mo20. FILED Feb 26 1937 PA Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 193722. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937 to Feb 26 1937I last saw him alive on Feb 25 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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) PA Holmes M. D.(Address) Mansfield Mo

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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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.

