

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

Do not use this space.

MAY 20 1937

1. PLACE OF DEATH

County Gasconade
Township Rickland
City Marrison (No. _____)

Registration District No. 30K

Primary Registration District No. 5421

File No. 16292

Registered No. 3K

St. _____ Ward _____

2. FULL NAME

Ignatz Diedrich

(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 46 yrs. 5 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

Louise Diedrich

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

Nov. 25-1865

7. AGE

YEARS

71

MONTHS

5

DAYS

5

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Elevator & Railway

10. Date deceased last worked at this occupation (month and year)

Jan. - 1927

11. Total time (years) spent in this occupation

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

Bergers, Frank Co. - Mo.

13. NAME

Philip Diedrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Caroline Speckhals

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT

Viola Diedrich
(ADDRESS) Marrison, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Good Hope Cemetery DATE 5-3-37

19. UNDERTAKER

Arnold Hummert
(ADDRESS) Marrison, Mo.

20. FILED

5-16-37 F. R. Kicker

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1937, to Apr. 30, 1937

I last saw him alive on Apr. 30, 1937. Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Mitral Insufficiency

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 ✓, 1937

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) Howard Workman, M. D.

(Address) Hermann, Mo.

