SEP 15 1937

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

Do not use this space.

File No. 30192

Registered No. 919

1. PLACE OF DEATH
County: Buchanan
Registration District No. 85
Township:
Primary Registration District No. 1201
City: St Joseph (No. Mo. Meth Hosp St. Ward)

2. FULL NAME: Albert George Drehr

(a) Residence, No. Oregon, Missouri 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. 8 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	5	9	

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.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 4 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Mo Holt Co

FATHER
13. NAME Frederick Drehr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

MOTHER
15. MAIDEN NAME Barbara Hanner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT (ADDRESS) D. W. Drehr Oregon Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Brookfield Cemetery DATE Aug 25 1937

19. UNDERTAKER (ADDRESS) Lester Pettijohn Oregon Mo

20. FILED Aug 24 1937 W. J. Nettleton Registrar. By J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/16 1937, to 8/23 1937
I last saw him alive on 8/23 1937. Death is said to have occurred on the date stated above, at 11 30 P m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset
40

Other contributory causes of importance:
Cancer of Kidney (Right)

Name of operation None Date of —
What test confirmed diagnosis? Clin 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 Was Gera Neg (Signed) P R Bog, M. D.
(Address) St Joseph Mo

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.