

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship BlueCity Independence, Mo.Registration District No. 398Primary Registration District No. 5554File No. 30879Registered No. 283

St. _____ Ward _____

2. FULL NAME

Mrs. Amelia Draheim(a) Residence, No. 2328 S. Forest

(Usual place of abode)

St. _____

Ward _____

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEdward Draheim

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

April 24, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

66468. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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)

(STATE OR COUNTRY)

Germany

13. NAME

August Fisher

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Auguste Dunn

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

J. W. Draheim2328 S. Forest

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pleasant Hill

DATE

Sept. 1 - 1937

19. UNDERTAKER

(ADDRESS)

Wamsley Guardian Funeral711 W. Lexington, Indep. Mo.

20. FILED

9-2-37F. L. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1937, to Aug 30, 1937I last saw him/her alive on Aug 26, 1937. Death is saidto have occurred on the date stated above, at 8:20A m.

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

Carcinoma of the pyloric regionof stomach

Date of onset

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? X-ray BariumWas 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) James G. Thomas

, M. D.

(Address) Independence 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.

