

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 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Paris
City Little Blue, Mo. (No. 7)

Registration District No. 400
Primary Registration District No. 355312

File No. 45611
Registered No. 209
St. 1 Ward

2. FULL NAME Dreher Mrs. Berie

(a) Residence, No. 925 N. Lyman, Independence, Mo. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun. 21 1881

7. AGE YEARS 56 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not employed

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) Missouri (STATE OR COUNTRY) (Country)

13. NAME Little, along W.

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

15. MAIDEN NAME Hunter Luella

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

17. INFORMANT Little M. T. (brother) (ADDRESS) 551 N. South Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesant Hill, Mo DATE Dec 18 1937

19. UNDERTAKER Leato & Hecks Funeral Home (ADDRESS) Independence, Mo.

20. FILED Dec 18 1937 William Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1937, to Dec 16, 1937

I last saw her alive on Dec 16, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

CHRONIC VALVULAR HEART DISEASE
ESSENTIAL HYPERTENSION
CARDIAC DECOMPENSATION

Other contributory causes of importance:

Name of operation none 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 _____, 1937

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) W. W. F. [Signature] M. D.

(Address) Lawrence, Mo.

