

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

Do not use this space.

3338

1. PLACE OF DEATH
 59 County Dwightston Registration District No. 508
 Township Chillicothe Primary Registration District No. 3026
 City Chillicothe (No. _____) St. _____ Ward _____
 2. FULL NAME Herman R Dietrich 362
 (a) Residence, No. 709 Elm St. 2nd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leora H Dietrich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6 1862</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
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) (STATE OR COUNTRY) <u>Utica Mo</u>		
13. NAME <u>Martin Dietrich</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Wilhemina Skutz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Arthur Dietrich Utica Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cem</u> DATE <u>Jan 24 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Jas D Gordon Chillicothe Mo</u>		
20. FILED <u>1/22</u> 19 <u>38</u> <u>Donald M. Lawrence</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Injuries to head and chest (struck by an automobile)

Date of onset _____

Other contributory causes of importance:

210m

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 Accident Date of injury 1-20 1938
 Where did injury occur? Chillicothe Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public street

Manner of injury struck by automobile

Nature of injury fracture of head, chest

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J N Brady _____, M. D.
 (Address) Chillicothe Mo

NOTE—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.

RECEIVED

FEB 28 1938

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