

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

Do not use this space.

3702

1. PLACE OF DEATH

County Pettis
 Township
 City Sedalia, Mo.

Registration District No. 668
 Primary Registration District No. 8032
 (No. Bothwell Hospital)

File No. 17
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME

Frieda Dierking 625

(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 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 Female 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 Martin Dierking

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
 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) Jefferson County, Mo

MOTHER 13. NAME Ernest Dryer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County, Mo

15. MAIDEN NAME Lusetta Dittmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County, Mo

17. INFORMANT William Frerking
 (ADDRESS) Concordia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Concordia, Mo DATE Jan 10, 1938

19. UNDERTAKER E. S. James
 (ADDRESS) Concordia, Mo

20. FILED Jan 12, 1938 Frank Clark
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 10, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan, 6, 1938, to Jan, 10, 1938
 I last saw her alive on Jan 8, 1938. Death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:

obscure melleus
59
 Other contributory causes of importance:
obscure gangrene with general sepsis

Date of onset Jan 2, 1935

Name of operation none Date of none
 What test confirmed diagnosis? clinical 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 _____

(Signed) Chas. W. ... M. D.
 (Address) ...

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. DEPARTMENT OF HEALTH