REC'D AUG 8 1938

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

Do not use this space.

24488

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 2993
Township Kaw Primary Registration District No. 1007 Registered No.
City K C Mo (No. Menorah Hosp St. Ward)

2. FULL NAME Dan Dreves 61
(a) Residence, No. St., Ward. Richmond Mo
(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: Male
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~~ Barbara Dreves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7 - 1869

7. AGE: YEARS 69 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME Not Known 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Robert Hamilton 302 South Shaw Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dockery Mo. DATE July 28, 1938

19. UNDERTAKER (ADDRESS) Brothers Funeral Home Richmond Mo.

20. FILED July 26, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938.

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to July 26, 1938.
I last saw him alive on 7/26, 1938. Death is said to have occurred on the date stated above, at 12:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Diffuse Broncho Pneumonia (Rgbt)	
(2) Myocardial exhaustion	
(3) Uremia	10
Other contributory causes of importance:	
(4) Renal insufficiency	

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 —, 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?
If so, specify
(Signed) P. C. Closen, M. D.
(Address) 625 Oak Ben Bldg K C Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-33