

REC'D SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township
City Kirksville (No. 1)

Registration District No. 4
Primary Registration District No. 3001
Cross-Smith Hospital St. _____ Ward _____

File No. 28160
Registered No. 177

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Queen City, Mo.
(Usual place of abode)

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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) Queer City MO

13. NAME William Dierling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queer City MO

15. MAIDEN NAME Freda Hundath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queer City MO

17. INFORMANT (ADDRESS) Freda Dierling
Queen City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City REM DATE Aug 21 '38

19. UNDERTAKER (ADDRESS) Wm. N. White
Queen City MO

20. FILED 8/21 '38 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 8 1938 to August 21 1938
I last saw him alive on August 21 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Pneumonia Broncho Date of onset 6-1-38

Other contributory causes of importance:
Drug Abuse 9-5-38
Empyema 8-25-38

Name of operation Hemostomy Date of 8-3-1938

What test confirmed diagnosis? Y 229 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) Spencer Freeman M. D.
3 (Address) Kirksville, 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.

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RECEIVED

District Health Officer No. 10

District File Number 10-28-55

Date Filed 9/14/38