

0350 JUL 24 1939

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

Do not use this space.

23446

1. PLACE OF DEATH  
 103 County Stoddard 1 Registration District No. 839  
 Township Pikeburg Primary Registration District No. 6101.  
 City St. James (No. 1) St. St. James Ward 3

2. FULL NAME Earnest Ditz  
 (a) Residence, No. 3 St. St. James Ward 3  
 (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 M 4. COLOR OR RACE W 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) Dec 16 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 - 6 -

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinning  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spinning  
 10. Date deceased last worked at this occupation (month and year) 6-16-1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Mo

MOTHER  
 13. NAME James Ditz 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1  
 15. MAIDEN NAME Grove Land  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER  
 17. INFORMANT Louise Ditz East Mo  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE East Mo DATE 6/18 39

19. UNDERTAKER Blauwship & Strickland  
 (ADDRESS) East Mo

20. FILED 6/17 1939 J P Brorden  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16 1939, 1939

22. I HEREBY CERTIFY, that I attended deceased from 6-16 1939, to 6-16 1939.  
 I last saw him alive on 6-16 1939. Death is said to have occurred on the date stated above, at 7 P m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage age 24  
 Date of onset 6/16 39

Other contributory causes of importance:  
None

Name of operation None Date of None  
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1939  
 Where did injury occur? None  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None  
 If so, specify None  
 (Signed) J P Brorden, M. D.  
 754 (Address) East Mo

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.

RECEIVED

District Health Officer No. 2,

District File Number 739-84

Date Filed 7-22