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

Do not use this space.

9521

1928

1. PLACE OF DEATH
County Johnson
Township Grover
City ..... (No. ..... St. ..... Ward)

Registration District No. 112
Primary Registration District No. 5385

File No. .....
Registered No. 10

2. FULL NAME Mildred Amandy Bertha Dittmer

(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

3. SEX: Female
4. COLOR OR 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) March 21-28

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Albert Dittmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Helena Steffens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Sweet Springs Mo

14. INFORMANT × Albert Dittmers
(Address)

15. FILED Mar 29, 1928 Florence S Tyler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/28 1928

17. I HEREBY CERTIFY, That I attended deceased from March 24th, 1928, to March 28th, 1928, that I last saw her alive on March 23, 1928, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11 B 11 B (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....
— (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) P. Deaton Tyler, M. D
, 19 (Address) R.D. Sweet Springs Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Evangelical Cemetery
DATE OF BURIAL: 3/29 1928

20. UNDERTAKER: E. S. Jones
ADDRESS: Concordia 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.