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.

DEC 18 1934

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

Do not use this space.

39435

1. PLACE OF DEATH
County Jackson — Registration District No. ... — File No. ...
Township ... — Primary Registration District No. ... — Registered No. ...
City Kansas City — (No. 1633 E 49 St. 4345 Ward)

2. FULL NAME John D. Dier
(a) Residence, No. 1633 E 49 St., ... Ward. (If nonresident, give city or town and State)
(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 M — 4. COLOR OR RACE Wh — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1871

7. AGE — YEARS 63 — MONTHS 1 — DAYS 12 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sur Ctman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington
10. Date deceased last worked at this occupation (month and year) Retired — Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Ia

FATHER
13. NAME John Dier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME R. Hotzenberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Miss Annie J. Dier 1633 East 49th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Morich DATE Nov. 13-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave

20. FILED 11/13, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934, to Nov. 10, 1934
I last saw him alive on Nov 10, 1934. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilation — Date of onset

Other contributory causes of importance:
Chronic, Myocarditis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

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) Glen H Brayler, M. D.
(Address) 1232 Professional Bldg

Dr [illegible] Bragler
5815 Prospect
Prof Bldg Vi 4222