

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.

MAY 18 1937 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan Township St. Joseph Mo. City St. Joseph Mo. (No. State, Hosp #2)

Registration District No. 35 Primary Registration District No. 1072

File No. 15753 Registered No. 458 St. Ward

2. FULL NAME

(a) Residence No. E. A. Dresslaer St. Joseph, Mo., St. Ward.

Length of residence in city or town where death occurred 4 yrs. 4 mos. 10 ds. in Hosp. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Frances E. Dresslaer 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1876 7. AGE YEARS 60 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Omaha Mutual Life 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Missouri Missouri

13. NAME Andy Dresslaer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Mo. Missouri

15. MAIDEN NAME Matilla Ann Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn. Tennessee

17. INFORMANT (ADDRESS) Records State Hosp #2 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barry, Mo. DATE April 16, 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED April 14, 1937 N. J. Neethush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31 1937 to April 13 1937 I last saw him alive on April 13 1937. Death is said to have occurred on the date stated above, at 7:40 P.M. The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane Date of onset 1933 plus Other contributory causes of importance: 83

Name of operation None Date of What test confirmed diagnosis? Laboratory 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) E. C. DeLong, M.D. (Address) State Hosp #2

