

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway

Registration District No. 619

Township Atchison

Primary Registration District No. 5821

City..... (No....., St..... Ward)

File No. 3604

Registered No.....

2. FULL NAME Albert C. Dredge

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Martha Chamberlain

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

Jan 25, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

83

0

24

OCCUPATION

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

Laborer

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)

Galesburg Illinois

FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT

Walker Dredge

(ADDRESS) Maryville, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elm, Missouri DATE Febr 20 1938

19. UNDERTAKER

J. R. Hann

(ADDRESS) Burlington Jct., Mo.

20. FILED

9/3 1938 H. B. Humphrey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1938 to Feb. 17, 1938

I last saw him alive on Feb. 17, 1938. Death is said to have occurred on the date stated above, at 7 30 P.M.

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

Chronic Valvular Heart Disease. Probably many years. Passive Pulmonary Congestion 2-16-38

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury

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) R. A. Hawthorne, M. D.

(Address) Braddyville, Iowa.

