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

Do not use this space.

23812

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 195

Township

Primary Registration District No. 2014

Registered No.

City Jefferson (No. ____ St. ____ Ward)

2. FULL NAME George Washington Deitz

(a) Residence, No. 525 W McCarty ____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Male

4. COLOR OR RACE White

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 34

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Phelps

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1938, to July 8, 1934.

I last saw him alive on July 8, 1934. Death is said to have occurred on the date stated above, at ____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1877

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

7. AGE YEARS 57 MONTHS 0 DAYS 23 If LESS than 1 day, ____ hrs. or ____ min.

Carcinoma of Prostate

Date of onset 1933

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

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

Other contributory causes of importance

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

13. NAME Fred Deitz

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

Name of operation ____ Date of

What test confirmed diagnosis? Physical ____ Was there an Autopsy?

15. MAIDEN NAME Annette Buda

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

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.

17. INFORMANT Mrs. G. W. Deitz

(ADDRESS) Jeff City Mo

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL

PLACE Enon ____ DATE July 9, 34

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

19. UNDERTAKER (ADDRESS) Lawson-Tanner Jeff Mo

(Signed) ____ H. A. Gaylor , M. D.

20. FILED 7/12/ 1934 Dr. Bedford M.D. Registrar

(Address) Jefferson City Mo

APR 11 1956