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.

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

PLACE OF DEATH

County Nodaway

Township Jefferson

or Village

or City

Registration District No. 620

Primary Registration District No. 5822

File No. 15376

Registered No. 12

(NO. , St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Catherine Wirth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

DATE OF BIRTH: 9 (Month) 18 (Day), 1842 (Year)

AGE: 73 yrs. 6 mos. 25 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): Penn.

PARENTS

NAME OF FATHER: Lewis Meyers

BIRTHPLACE OF FATHER (City or town, State or foreign country): France ~~Germany~~

MAIDEN NAME OF MOTHER: K Noel

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August King

(ADDRESS) Conception Jct Mo

Filed 4-18, 1916 W P Stuckle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) — 13 (Day), 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 3, 1915, to Sept. 9, 1916, that I last saw her alive on Sept 9, 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

16 Senility

154

(Duration) 2 yrs. ___ mos. ___ ds.

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Fred. P. Riley M. D.

4-13, 1916 (Address) Clyde Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 40 yrs. ___ mos. ___ ds. In the State 40 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Conception Jct Mo.

DATE OF BURIAL: 4-15, 1916

UNDERTAKER: Proctor & Graham

ADDRESS: Conception Jct Mo

PLACE OF DEATH

County

Township
or
Village
or
City (NO. St. Ward)

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

Registration District No. Fee No.

Primary Registration District No. Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Catherine Firth

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR OR RACE Caucasian

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widowed

DATE OF BIRTH (Month) (Day) 1 (Year)

AGE yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country)

PARENTS
NAME OF FATHER
BIRTHPLACE OF FATHER (City or town, State or foreign country)
MAIDEN NAME OF MOTHER
BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed , 191 , REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr (Month) 13 (Day), 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 8, 1915, to Sept. 9, 1915, that I last saw her alive on Sept. 9, 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Fred P. Riley M. D.

Apr 13, 1916 (Address) Belgrade Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL , 191

UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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