JUN 24 1927

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

Do not use this space.

14181

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 466

City St. Joseph, (No. 1714 Charles Street St. Ward)

2. FULL NAME Mary Theissen

(a) Residence. No. 1714 Charles Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Hubert Theissen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July. 21. 1848.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
78	9	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Household

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Nassau,
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Jacob Battes

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Anna K Keren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Germany

14. INFORMANT: Hubert Theissen
(Address): 1714 Charles Street

15. FILED MAY 4 1927 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May. 2. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1927, to May 2, 1927 that I last saw her alive on May 1, 1927, and that death occurred, on the date stated above, at 4/30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
186A
198E
59 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Injury to left hip
Caused by fall on floor. Accidental (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Frank L Hankegan M.D

May. 3, 1927 (Address) King Hill Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: May. 5 1927

20. UNDERTAKER: H. C. Sidenfaden

ADDRESS: 1802 Union Str

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.