OCT 25 1927

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

Do not use this space.

26687

1. PLACE OF DEATH
County: Cape Girardeau
Township: Whitewater
City: Millersville
Registration District No. 124
Primary Registration District No. 5183
File No.
Registered No. 40
(No. ..... St. ..... Ward)

2. FULL NAME: Maude Rieman Thomas

(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

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 22 - 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
29	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: sales lady in
(b) General nature of industry, business, or establishment in which employed (or employer): General merchandise store
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersville Mo.

PARENTS

10. NAME OF FATHER: J. W. Rieman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Francis Co. Mo
12. MAIDEN NAME OF MOTHER: Lessley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Mo.

14. INFORMANT: J. W. Rieman
(Address): Millersville Mo

15. FILED 9-7, 1927 D. G. Sirber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 4th 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1927, to Sept 4, 1927 that I last saw her alive on Sept 4, 1927, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 2½ hours ds.

CONTRIBUTORY (SECONDARY): unknown
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ordinary physical signs
(Signed) E K Statler, M. D
9/6, 1927 (Address) Jackson Mo.

*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: Russell Heights Jackson Mo
DATE OF BURIAL: 9-6, 1927

20. UNDERTAKER: Cracroft & Miller
ADDRESS: Jackson Mo

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.