JAN 24 1929

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

Do not use this space.

41533

1. PLACE OF DEATH
County Lawrence
Township Mt Vernon Tp.
City Hoberg Mo (No. ..... St. ..... Ward)

Registration District No. 961
Primary Registration District No. 5623

File No. ..
Registered No. .....

2. FULL NAME Carolina Veith

(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 47 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): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Herman Veith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 - 1841

7. AGE: Years 87 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Farmers Widow
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) X

PARENTS
10. NAME OF FATHER Fred Tiegel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) X
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) X
(STATE OR COUNTRY) ~~Not~~ Germany

14. INFORMANT H W Veith
(Address) Mt Vernon Mo

15. FILED 1-2 1929 E S Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Dec 30, 1928 that I last saw her alive on Dec 29, 1928, and that death occurred, on the date stated above, at 11 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11 A
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W J Fulton, M. D
1/1, 1929 (Address) Mt Vernon 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: Evangelical Cemetery
DATE OF BURIAL: Jany 1st 1929

20. UNDERTAKER: Geo B Orr
ADDRESS: Mt Vernon

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Lawrence — Registration District No.: 470 — File No.:

Township: Mt Vernon — Primary Registration District No.: 5633 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME Carolina Veith

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

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fe	Wh.	Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Veith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19-1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	87	8	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Farmers Widow
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Fred Tiesel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Pat Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT H. W. Vieth
(Address) Mt. Vernon Mo

15. FILED Jan 10 1929 W J Fulton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 26 1928 to Dec 30 1928 that I last saw her alive on Dec 29 1928, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Fulton, M. D
1/1, 1929 (Address) Mt Vernon 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	DATE OF BURIAL
Evangelical Cemetery	Jan 1st 1929
20. UNDERTAKER	ADDRESS
Geo B Orr	Mt Vernon

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE ... PHYSICIANS should ... CAUSE OF DEATH ... plain terms, so that it may be properly classified. ... stat... OCCUPATION is very imp... REC... IT RECEIVE A FEE FOR ... IFICATES UNTIL THEY A... E AS PRESCRIBED BY LAW

S-41533