

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

Do not use this space.

17706
7

24 1929

PLACE OF DEATH James
 County James Registration District No. 252
 Township James Primary Registration District No. 4452
 City (No.) St. Ward)

2. FULL NAME Rebecca Jane Wessler
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE of R. V. Thompson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1859
 7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
 76 4 2
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1929
 17. I HEREBY CERTIFY That I attended deceased from Jan 15 1929, to May 9 1929, and that last saw her alive on May 9 1929, and that death occurred, on the date stated above, at
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Endocarditis
 (duration) 18 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED? NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. V. Thompson, M. D.
 (Address) Jamesport, 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 SELF-KILLED.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL R.O.O.F. Cem
 DATE OF BURIAL May 12 1929
 20. UNDERTAKER H. C. Robinson
 ADDRESS Jamesport

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.

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PARENTS

9. BIRTHPLACE (CITY OR TOWN) James (STATE OR COUNTRY)
 10. NAME OF FATHER John Smith
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) James (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Jane Thompson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) James (STATE OR COUNTRY)

14. INFORMANT R. V. Thompson (Address) Jamesport, Mo.
 15. FILED H. C. Robinson REGISTRAR

