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

Do not use this space.

41315

1. PLACE OF DEATH
County Linn — Registration District No. 502 — File No.
Township — Primary Registration District No. 4305 — Registered No. 4 5[illegible]
City Marceline (No. ..... St. ..... Ward)

2. FULL NAME Mrs Theresa Blacksmith

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 - 1848

7. AGE: Years 81 — Months 4 — Days 8 — 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) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER August Glass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY) " "

14. INFORMANT Mrs. Anna Sechter
(Address) Marceline Mo

15. FILED 12/11, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1929, to Dec 8, 1929, that I last saw her alive on Dec 8, 1929, and that death occurred, on the date stated above, at 10 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
uraemia
131
130 B (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129
9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D
12/14, 1929 (Address) Marceline 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: Lingo Cemetry — DATE OF BURIAL: Dec 12 1929

20. UNDERTAKER: Jas M Laughlin — ADDRESS: Marceline Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.