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

Do not use this space.

43310

File No. .....

Registered No. 370

1. PLACE OF DEATH

County Wright — Registration District No. ~~Wright~~ 908

Township ~~Mountain~~ Grove — Primary Registration District No. 45-49

City Mountain grove (No. ....., ... St. ..... Ward)

2. FULL NAME Jennie Stipe Thilman

(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 35 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)
~~Male~~ Female	White	Wido

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Thilman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25th, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	II	I2	

8. OCCUPATION OF DECEASED ~~FAX~~

(a) Trade, profession, or particular kind of work House Wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carlton ~~XXX~~
(STATE OR COUNTRY) Illenois

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Leon H Smith
(Address) Mountain Grove Mo.

15. FILED 12/20, 1929 [signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 7th, 1929 19 5 P M,

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1929, to Dec 7, 1929, that I last saw her alive on Dec 7, 1929, and that death occurred, on the date stated above, at 5 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Cardio Renal Vascular disease

(2) several years

(3) B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Wre mis

(duration) ..... yrs. ..... mos. 5 ds.

1929

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edward [illegible] M. D.

12/8, 1929 (Address) Mtn Grove 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
Hill Crest Cem Mountain Grove Mo	Dec 9th 1929 19
20. UNDERTAKER	ADDRESS
N, L, Botten	Mountain Grove Mo.

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

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.