NOV 26 1930

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

Do not use this space.

33426

1. PLACE OF DEATH
County Lawrence
Township
City Pierce City (No. ..... St. ..... Ward)
Registration District No. 471
Primary Registration District No. 4284
File No. 1
Registered No. 25

2. FULL NAME Theresha Weikart
(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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 - 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78		11	

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

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

PARENTS
10. NAME OF FATHER Jamie Kohler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katherine Gabelle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT John Weikert
(Address) Pierce City Mo.

15. FILED 11/10 1930 N Ross Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1930, to Sept. 15, 1930 that I last saw her alive on Aug. 23, 1930, and that death occurred, on the date stated above at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diarrhoea and enteritis
120B
(duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (SECONDARY) 1148
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E B Knight, M. D.
, 19 (Address) Pierce City 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: St Marys Cemetery
DATE OF BURIAL: Oct 29 1930

20. UNDERTAKER: Wm Wessell Jr.
ADDRESS: Pierce City 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.