

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

Do not use this space.

2359

79
FEB 20 1931

1. PLACE OF DEATH

County Perry
Township Boys Bank
City _____ (No. _____)

Registration District No. 1128
Primary Registration District No. 5879a

File No. _____
Registered No. 32
St. _____ Ward _____

2. FULL NAME

William Charles Thiel -

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Haney Thiel -
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 10 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Perry County - Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Martin Thiel -
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry County - Mo.
12. MAIDEN NAME OF MOTHER Julia Phillips
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry County - Mo.

14. INFORMANT Mrs Haney Thiel -
(Address) R 3, Perryville, Mo.

15. FILED 1/23 1931 Frank H. Hartmann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931 to Jan 20 1931.
That I last saw him alive on Jan 20 1931 and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
22A

(duration) yrs. mos. ds. _____
CONTRIBUTORY Cerebral Hemorrhage
(SECONDARY)

(duration) yrs. mos. ds. _____
18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. H. Parks M. D.
, 19 (Address) Perryville 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 Lutheran Cemetery DATE OF BURIAL 1-22-1931

20. UNDERTAKER Zellweger & Co. ADDRESS Perryville 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.

