

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

Do not use this space.

30865

1. PLACE OF DEATH

County Casper Registration District No. _____
Township Missouri Primary Registration District No. _____
City Boonville (No. St. Joseph Hospital St. _____ Ward _____)

File No. 107
Registered No. 218

2. FULL NAME

Mrs Casper Thee
(a) Residence, No. Pholt. Mo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF Mrs Casper Thee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Missouri

13. NAME Henry Elloe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Missouri

15. MAIDEN NAME Crestina Hagerdon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Missouri

17. INFORMANT Casper Thee
(ADDRESS) Pholt. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo DATE 9-11-1931

19. UNDERTAKER Tom Hadden
(ADDRESS) Pholt. Mo

20. FILED Oct 30 1931 Ga Gurnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1931 to Sept 4 1931
I last saw him alive on Sept 4 1931. Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

Jalectonia in common and hepatic ducts, 126
127
1931

Other contributory causes of importance: Jaundice of long standing, pyelonephritis, Arteriosclerosis

Name of operation Removal of common duct Date of Sept 7
What test confirmed diagnosis? Operative Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Hess R. R. ... M. D.
(Address) Boonville, 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.

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