

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.

MAY 6 1932

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

Do not use this space.

13465

25

1. PLACE OF DEATH
79 County Perry Registration District No. 660
2 Township Creston Primary Registration District No. 4396
City Perryville (No. _____ St. _____ Ward _____)
62. FULL NAME Mrs. Mary M. Thierx
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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) maried
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Thierx
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 2 24

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. 335
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) Cape County, Mo

13. NAME Joseph Weiss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Elizabeth Kieffer

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

17. INFORMANT Emma Thierx
(ADDRESS) Perryville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home Country DATE 4-18- 1932

19. UNDERTAKER Zachary Young and Co
(ADDRESS) Perryville, Mo

20. FILED 4/18 1932 Perryville, Mo
Registrar Santhier

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8th 1932, to Apr. 16th 1932

I last saw her alive on Apr. 16th 1932. Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Influenza
11/10
85/13
Other contributory causes of importance:
Thrombosis following
myocarditis
1

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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?

If so, specify _____ (Signed) M. H. O'Connell, M. D.

(Address) Perryville Mo

