

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

Do not use this space.

5162

1. PLACE OF DEATH

26 County Cole
Township Jefferson
City Wardsville (No. _____)

Registration District No. 213
Primary Registration District No. 5293

File No. 41
Registered No. _____
St. _____ Ward _____

2. FULL NAME Thressa Ann Wankum

(a) Residence, No. Wardsville, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12, 1933</u>		
7. AGE YEARS	MONTHS	DAYS
		7
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	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) Wardsville, Mo.
(STATE OR COUNTRY)

13. NAME Frank Wankum

14. BIRTHPLACE (CITY OR TOWN) St. Thomas
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Bisges

16. BIRTHPLACE (CITY OR TOWN) Wardsville, Mo.
(STATE OR COUNTRY)

17. INFORMANT Frank Wankum
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardsville, Mo. DATE Feb. 20, 1933

19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 3/27 19 33 J. R. Bedford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1933

22. I HEREBY CERTIFY that I attended deceased from Feb. 12, 1933 to Feb. 19, 1933
I last saw her alive on Feb. 15, 1933 Death is said to have occurred on the date stated above, at 9 A. m.

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

Spinal Bifida
157 B
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. A. Meyer M. D.
(Address) Jefferson 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.

