

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

22-1
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.

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City (No. *Barnard St. Hospital*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *2783*
Registered No. *419*
St. Ward

2. FULL NAME *Theresa Vertrees*

(a) Residence, No. *1709 N Grand* St. *11* Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *21* 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jacob Vertrees*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-17-1886*

7. AGE YEARS *47* MONTHS *10* DAYS *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) *Biehle Mo*

13. NAME *Borney Zoellner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Theresa Kappel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *M Vertrees* (ADDRESS) *1709 N Grand*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Binhie Mo* DATE *Jan 27 1934*

19. UNDERTAKER *Thos J. ...* (ADDRESS) *1019 S Grand*

20. FILED *1934* *J. Bredeck* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-11-34*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *11/5/34*, 19*34* to *1/11*, 19*34*

I last saw h. e. f. alive on *1/11*, 19*34*. Death is said to have occurred on the date stated above, at *9:00* a. m.

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

Paralytic Ileus Date of onset *1/10/34*
(*Intestinal obstruction*)

AB
12.00

Other contributory causes of import *48*
Cancer

Name of operation *Fluoroscopic direction* Date of *1/9/34*

What test confirmed diagnosis? *M. i. s. r. a.* 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? *N.O.*
If so, specify

(Signed) *f. Tanning*, M. D.
(Address) *13427 Washington*

