

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

Do not use this space.

10155

APR 25 1934

1. PLACE OF DEATH  
 County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 3036  
 City St. Charles (No. Joseph Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carol Thomas Wiss.  
 (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.

File No. \_\_\_\_\_  
 Registered No. 40

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF March 1923  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - ? - 1923  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 ? ?  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) Jonesbury Mo  
 13. NAME Louis Wiss  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesbury Mo  
 15. MAIDEN NAME Fannie Balton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesbury Mo  
 17. INFORMANT Lois Wiss.  
 (ADDRESS) Jonesbury Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesbury Mo DAY 3/16 19 34  
 19. UNDERTAKER G. M. Johnson  
 (ADDRESS) Jonesbury Mo  
 20. MAR 14 1934 Clarence P. Messer  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1934  
 22. I HEREBY CERTIFY That I attended deceased from March 12 1934 to March 13 1934  
 I last saw him alive on March 12 1934 Death is said to have occurred on the date stated above, at 2:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Traic Encephalitis Date of onset 3-6-34  
76  
 Other contributory causes of importance:  
Secondary to measles.  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? test 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) G. C. Carty M. D.  
 (Address) St. Charles Mo.

WHITE PLAINLY, WITH UNFAADING INK---THIS IS A PERMANENT RECORD

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.

