

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

Do not use this space.

16777

**1. PLACE OF DEATH**

County Jackson Registration District No. B-1  
 Township Blount Primary Registration District No. Blount  
 City Kennett City (No. K.B. General Hospital) St. Blount Ward Blount

**2. FULL NAME**

(a) Residence, No. 2810 Tracy St. Blount Ward Blount  
 (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>Male</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>5-12-1934</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>—</u>
		DAYS
		<u>—</u>
		IF LESS than 1 day, hrs. or min.
		<u>28 min.</u>
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) (STATE OR COUNTRY)	<u>Kennett City Missouri</u>	
FATHER	13. NAME	<u>Ralph Thiel</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Wisconsin</u>
MOTHER	15. MAIDEN NAME	<u>Ruby Stewart</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kennett Missouri</u>
17. INFORMANT (ADDRESS)	<u>Robert Talley K.B. General Hospital</u>	
18. BURIAL, CREMATION, OR REMOVAL	PLACE	DATE
	<u>SAVALRY</u>	<u>5-14 1934</u>
19. UNDERTAKER (ADDRESS)	<u>MELLODY + MCGILLEY</u>	
20. FILED	<u>May 14 1934 M. M. Brown Registrar</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-12-1934 to 5-12-1934  
 I last saw him alive on 5-12-1934. Death is said to have occurred on the date stated above, at 10:00 P.  
 The principal cause of death and related causes of importance were as follows:  
Prematurity  
139  
 Other contributory causes of importance: 5  
 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) D. L. Mason M. D.  
 (Address) Asst. Surg. K.B. General Hospital

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.

JUN 19 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

