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.

JUL 10 1934

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

Do not use this space.

19906

1. PLACE OF DEATH
County Cole — Registration District No. [illegible] — File No. 170
Township [illegible] — Primary Registration District No. [illegible] — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Edward Frederick Thessen
(a) Residence, No. RFD Jefferson City 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Elizabeth M Brand

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3-1892

7. AGE — YEARS 42 — MONTHS 4 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry
10. Date deceased last worked at this occupation (month and year) June 6-34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos Mo

FATHER
13. NAME Henry Thessen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Margaret Prenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Ed Thessen J C Mo RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Taos DATE June 9 1934

19. UNDERTAKER (ADDRESS) Dawson & Turner J C Mo

20. FILED 6/9/ 1934 Dr Bedford M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to June 6, 1934
I last saw him alive on dead, 19..... Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
93C Heart failure
Sudden death

Date of onset

93C

Other contributory causes of importance:
Chronic Myocarditis
Had for past 5 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Jas A. Hill, M. D.
(Address) Jefferson City Mo