

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

Do not use this space.

**1. PLACE OF DEATH**

County Perry.  
Township Centerville  
City Perryville, Mo. (No. ....)

Registration District No. 660  
Primary Registration District No. 4396

File No. 25826  
Registered No. 41  
St. .... Ward)

**2. FULL NAME** Mrs Julia Thieret.

(a) Residence, No. Perryville, Mo. St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10th, 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper.  
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) Perry, Co.  
(STATE OR COUNTRY)

13. NAME (Unknown) Phillips.

14. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY)

17. INFORMANT Mr Gus Thieret.  
(ADDRESS) St Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Luthern Cem. DATE 7/18/34. 19

19. UNDERTAKER Young & Fenwick.  
(ADDRESS) Perryville, Mo.

20. FILED July 18, 34 Ed L. Green  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1934

22. I HEREBY CERTIFY That I attended deceased from March 80th, 1934, to July 17th, 1934.  
I last saw her alive on July 16th, 1934. Death is said to have occurred on the date stated above, at 8:15 am.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis. 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) M. H. Parks, M. D.  
(Address) Perryville, 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.

AUG 16 1934

