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

Do not use this space.

1. PLACE OF DEATH

County: Texas — Registration District No.: 1171 — File No.: 28037

Township: Jackson — Primary Registration District No.: 6145 — Registered No.:

City: Raymondville (No. ..... St. ..... Ward)

2. FULL NAME: Nanie Thiner

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Jake Thiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20 1866

7. AGE: YEARS 68 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): March 1934
11. Total time (years) spent in this occupation: 38

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

FATHER

13. NAME: George Brashear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co. Mo ~~Unknown~~

MOTHER

15. MAIDEN NAME: Myra Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co. Mo.

17. INFORMANT (ADDRESS): Jake Thiner Raymondville

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Allen Cemetery DATE: July 10 1934

19. UNDERTAKER (ADDRESS): Gaylord P. Elliott Cabool Mo

20. FILED: July 11th 1934 Mrs Dora Gregory Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to July 9, 1934
I last saw her alive on July 4, 1934 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

23 B

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) W. P. Horton, M. D.
(Address) Houston, Mo

WRITE PLAINLY, WITH UNFADING 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.

AUG 14 1934

100M-11-24-33