

OCT 24 1935

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

Do not use this space.

29909

1. PLACE OF DEATH

County Jefferson Registration District No. 423
Township Rock Primary Registration District No. 5578
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 29

2. FULL NAME Thersa Bay

(a) Residence, No. Murphy Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Westley Bay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/8/1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 11 26

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House Wife

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) Rock Creek, Mo.

13. NAME Unkown

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

15. MAIDEN NAME Unkown

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

17. INFORMANT Mrs Anna Delbruegge
(ADDRESS) Murphy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Creek, Mo. DATE 9/7/35, 1935

19. UNDERTAKER Kenneth W. Koch
(ADDRESS) Fenton, Mo.

20. FILED Sept 5, 1935 Phil J. Kirk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 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:

Date of onset

Deceased came to her death by coronary atherosclerosis & acute cardiac failure

Other contributory causes of importance:

9/4/35

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. J. Delgant
W. J. Delgant
(Address) W. J. Delgant, P.O. Box 100, Fenton, Mo.

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.

