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.

APR 16 1936

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

Do not use this space.

9581

1. PLACE OF DEATH
County Camden Registration District No. 117 File No. 11
Township Jasper Primary Registration District No. 5167 Registered No.
City (No. St. Ward)

2. FULL NAME Mary Ester Thickstein
(a) Residence, No. 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 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 H. Z. Thickstein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1872
7. AGE YEARS 63 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Goshen Mercer Co Mo

FATHER
13. NAME John Daughtery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Rhoda Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Ohio

17. INFORMANT (ADDRESS) H Z Thickstein Sunrise Beach Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Goshen Mercer Co Mo DATE 3-3 1936
19. UNDERTAKER (ADDRESS) Chas E Schooler Vickard Mo
20. FILED Apr 10 1936 Lizzie Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 - 1936, to Mar 1 - 1936
I last saw her alive on Mar 1 - 1936 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	Mar 1-36
Other contributory causes of importance: Chronic Myocarditis	unknown

Name of operation none Date of
What test confirmed diagnosis? 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) A J Gunn, M. D.
(Address) Versailles Mo.