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.

JUN 17 1936

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

Do not use this space.

18985

1. PLACE OF DEATH
County Cooper
Township Clear Creek
City Pilot Grove (No. ..... , ... St. ..... Ward)
Registration District No. 223
Primary Registration District No. 4136
File No. .....
Registered No. 39

2. FULL NAME Theresia Marie Zoeller
(a) Residence, No. Pilot Grove R4D, St. ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 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 George Zoeller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1-1869

7. AGE YEARS 66 MONTHS 9 DAYS 1 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) May 1-1936
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

FATHER
13. NAME Andrew Stoecklein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

MOTHER
15. MAIDEN NAME Anna Rhinehart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT (ADDRESS) Frank Zoeller Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Johns Cem DATE 5-4 1936

19. UNDERTAKER (ADDRESS) Hays & Stoecklein Pilot Grove Mo

20. FILED 5/4 1936 H. B. Rissler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 2, 1936
I last saw her alive on May 2, 1936. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/2/36

Other contributory causes of importance: No

Name of operation No Date of .....
What test confirmed diagnosis? Cerebral 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) Chas Sandy, M. D.
(Address) Pilot Grove Mo