

JUL 17 1936

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

Do not use this space.

22224

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township St. Francis Primary Registration District No. 3009
 City Cape Girardeau St. Francis Hospital St. _____ Ward _____

2. FULL NAME Henry J. Thele, Cape Girardeau, Mo.
 (a) Residence, No. _____ St. _____ Ward Lutesville Mo.
 (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.

File No. _____
 Registered No. 197

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Elizebeth Thele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 12th 1862.

7. AGE YEARS 72 MONTHS 6 DAYS 8 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1936 to 6/20, 1936
 I last saw h. alive on 6/20, 1936 Death is said to have occurred on the date stated above, at 10. P. m.

The principal cause of death and related causes of importance were as follows:

Coronary
Stomach
 Other contributory causes of importance: None

Date of onset

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? _____
 If so, specify _____ (Signed) A. J. Baker, M. D.

12. BIRTHPLACE (CITY OR TOWN) Illinois, (STATE OR COUNTRY)

FATHER 13. NAME William Thele,
 14. BIRTHPLACE (CITY OR TOWN) Germany, (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Brinker,
 16. BIRTHPLACE (CITY OR TOWN) Germany, (STATE OR COUNTRY)

17. INFORMANT Elizebeth Thele. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Leopold, DATE June, 22 1936

19. UNDERTAKER Andrew J. Baker (ADDRESS) Lutesville, Mo.

20. FILED 6-20-36 J.M. Thompson Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

