DEC 3 1936

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

Do not use this space.

38094

1. PLACE OF DEATH
County Jefferson
Township Dalle
City DeSoto
Registration District No. 420
Primary Registration District No. 3022
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Theresa Jeanette Speidel
(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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1936
7. AGE YEARS MONTHS 4 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.
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) DeSoto Mo.

FATHER
13. NAME Anthony Lucas Speidel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeSoto Mo.

MOTHER
15. MAIDEN NAME Ruth M. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Anthony Lucas Speidel DeSoto Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSoto DATE Oct 5 1936
19. UNDERTAKER (ADDRESS) Daniel J Mahn DeSoto Mo.
20. FILED Oct. 5 1936 May Prendergast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4th 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1936 to Oct 4, 1936
I last saw her alive on Oct 4, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Oct.
Rhinitis	Sept. 9

Other contributory causes of importance:
Malnutrition

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) J. P. Ingels, M. D.
(Address) DeSoto, Mo.

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.