JAN 29 1937

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

Do not use this space.

44309

1. PLACE OF DEATH

County FRANKLIN — Registration District No. 293.

Township — Primary Registration District No. 4177.

City PACIFIC (No. ..., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME ROSE MARY HIRTH

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 21 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 HENRY HIRTH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 26, 1885.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	11	21	

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) DEC. 1936

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PACIFIC, MISSOURI.

FATHER

13. NAME LORENZ LEBER

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

MOTHER

15. MAIDEN NAME BERTHA RATELY

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

17. INFORMANT (ADDRESS) HENRY HIRTH, PACIFIC, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PACIFIC, MO. DATE 12/19/36, 19

19. UNDERTAKER (ADDRESS) JOHN L. THIEBES, PACIFIC, MO.

20. FILED 12/18, 1936 Mary Booth Grove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 17, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1935, to Dec 17th, 1936

I last saw her alive on Dec 16th, 1936 Death is said to have occurred on the date stated above, at 8 P.M. m.

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

Chronic Sinusitis;
Chronic Interstitial Nephritis;
Chronic Endo-Myocarditis;
with valvular lesions

Date of onset: Prior to my first Exam

Other contributory causes of importance:
Chron. arteriosclerosis ?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Symptoms 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? ~~Pacific Mo~~
(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) C. F. Briegleb M. D.

(Address) St. Clair, 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.