

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

Do not use this space.

45201

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. 414)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No.
St. Ward)

2. FULL NAME

Catherine Tiegler
(a) Residence, No. 414 Pennsylvania 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 fe 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 Edwin Q.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>9</u>	<u>14</u>	

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

FATHER 13. NAME John Wickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

MOTHER 15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT (ADDRESS) Edwin Q. Tiegler

18. BURIAL, CREMATION, OR DISPOSAL PLACE W. Hope DATE 12/19/36

19. UNDERTAKER (ADDRESS) Charles D. ...

20. FILED 12-18-1936 Ed D. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-36

22. I HEREBY CERTIFY, that I attended deceased from Jan 26, 35 to Dec 17, 36
I last saw her alive on Dec 17, 36 Death is said to have occurred on the date stated above, at 8:30 pm.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus, primary cervix

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? US Was there an autopsy? _____

23. If death was due to external cause (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 W. L. Welburn M. D.
(Signed) W. L. Welburn (Address) Joplin 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.

