

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County off Charles
Township Portage des Sioux
City (No.) (St.) (Ward)

Registration District No. 756
Primary Registration District No. 5-997

File No. 2776
Registered No.

2. FULL NAME

Stillborn Child of Harry Tiesing

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-37

7. AGE YEARS MONTHS DAYS 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 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

FATHER 13. NAME Harry Tiesing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Walnut Mo. off Charles Co

MOTHER 15. MAIDEN NAME Beau Klinghammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage des Sioux Mo. St. Louis Co.

17. INFORMANT Dr. C. G. Barnard

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Grounds DATE Jan 22, 1937

19. UNDERTAKER Nary Tiesing

(ADDRESS) Portage des Sioux Mo.

20. FILED Jan 24, 1937 Dr. C. G. Barnard

(Address) Portage des Sioux Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on Jan 22, 1937 Death is said

to have occurred on the date stated above, at 39. m.

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

Stillborn due to Date of onset

Eclampsia of mother.

Other contributory causes of importance:

Premature at 7 months

Name of operation..... 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 C. G. Barnard M. D.

(Signed) Portage des Sioux Mo

(Address) Portage des Sioux Mo

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.

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