

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Elkhorn
City (No. _____) _____

Registration District No. 551
Primary Registration District No. 6171

File No. 9247
Registered No. 18
St. _____ Ward _____

2. FULL NAME

William Anta Vieth

(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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Vieth</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7th 1900</u> | | |
| 7. AGE | YEARS <u>66</u> | MONTHS <u>11</u> |
| | DAYS <u>8</u> | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> |
| | 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) Near Warrenton,
(STATE OR COUNTRY) Missouri

13. NAME Anta Vieth

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

15. MAIDEN NAME Dora Tacke

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

17. INFORMANT Mrs. Minnie Vieth
(ADDRESS) Warrenton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton City DATE Feb 17 1937

19. UNDERTAKER F. W. Fulbright
(ADDRESS) Warrenton Mo.

20. FILED Feb 18 1937 A. W. Wheeler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 15 1937

I last saw him alive on Feb 14 1937. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Lobar Pneumonia Date of onset 2/10/37

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Other contributory causes of importance:

Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Charles L. Garcia, M. D.

(Address) Warrenton Mo.

WHITE PLAIN 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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