SEP 15 1937

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

Do not use this space.

30090

1. PLACE OF DEATH
County: Boone
Registration District No.: 73
File No.:
Township:
Primary Registration District No.: 3006
Registered No.: 191
City: Columbia (No. Boone County Hospital St. Ward)

2. FULL NAME: Walter Theime
(a) Residence, No. 1016 Walnut 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: Male
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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 16 1881
7. AGE: YEARS 55 MONTHS 8 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer
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): St. Louis, Mo.

FATHER
13. NAME: Fred'k. E. Thieme
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Mead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Miriam Diehl 3226 Itaska St.
18. BURIAL, CREMATION, OR REMOVAL: Lake Charles Cem.
PLACE: St Louis, Mo. DATE: August 21, 1937
19. UNDERTAKER (ADDRESS): R. O. Willett Columbia, Mo.
20. FILED: 8/19/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1937, to Aug 19, 1937
I last saw him alive on Aug 18, 1937. Death is said to have occurred on the date stated above, at 6:50 A.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
131
Other contributory causes of importance:
Chronic nephritis.
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) Robert H. Simpson, M. D.
(Address) Columbia, 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.