JAN 24 1938

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

Do not use this space.

81 2 4

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 46355
Township — Primary Registration District No. 4403 — Registered No. 151
City Rolla (No. ..... St. ..... Ward)

2. FULL NAME Infant Daughter Mr & Mrs Henry Wiese
(a) Residence, No. Rolla Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20, 1937

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 9 hrs. or 9 min.

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

FATHER
13. NAME: Henry Wiese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps Co

MOTHER
15. MAIDEN NAME: Elizabeth Henkenisse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stillwater Okla

17. INFORMANT (ADDRESS): Henry Wiese Rolla

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla DATE Dec. 21 1937

19. UNDERTAKER (ADDRESS): Nuell Sons Rolla Mo

20. FILED Dec. 21 1937 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 — 20 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn - cause undetermined	

Other contributory causes of importance:

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? no
If so, specify .....
(Signed) E. E. Feind, M. D.
(Address) Rolla Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.