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.

JAN 25 1938

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

Do not use this space.

46836

1. PLACE OF DEATH
County Saline — Registration District No. 7963 — File No.
Township — Primary Registration District No. 3038 — Registered No. 210
City Marshall (No. , St. Ward)

2. FULL NAME Caroline T. Tiemeyer
(a) Residence, No. Slater, Mo. Route # 2 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: Female
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: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18th, 1873
7. AGE: YEARS 64 — MONTHS 6 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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): Arenzville Ill.

FATHER
13. NAME: Henry Tiemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Decker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Anna Tiemeyer, Slater, Mo. Route 2
18. BURIAL, CREMATION, OR REMOVAL — PLACE: St Paul's Luth N.W. Saline City DATE: Dec. 27, 1937
19. UNDERTAKER (ADDRESS): T. W. Campbell, Marshall, Mo.
20. FILED: 12-27, 1937 Mary Kent, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 25, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1937, to Dec. 25, 1937
I last saw her alive on Dec. 24, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	12-20-37

Other contributory causes of importance: 940

Name of operation: None — 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? No
If so, specify
(Signed) G. Adkins, M. D.
(Address) Marshall, Mo.