

1935-1-20  
70-2-25  
1867-10-25

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

Do not use this space.

1. PLACE OF DEATH  
94 County St. Francois Registration District No. 773 File No. 3962  
Township St. Francois Primary Registration District No. 6018A Registered No. 20  
City Farmington (No. ....) St. .... Ward)

2. FULL NAME Augusta Thiele 400  
(a) Residence, No. Cape Girardeau, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Cemiez Nata  
(STATE OR COUNTRY) Ohio

13. NAME William Thiele

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

15. MAIDEN NAME Catherine Thiele

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

17. INFORMANT State Hospital No. 4 Records.  
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Leopold, Mo. DATE 1-22-38 19..

19. UNDERTAKER Baker Undertaking Co.  
(ADDRESS) Lutesville, Missouri

20. FILED Feb 1 - 1938 V. J. Robinson  
Registrar. 699

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-38 19..

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1933, to January 20, 1938  
I last saw him alive on January 20, 1938 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Arteriosclerosis, generalized & marked Date of onset ?  
Chronic Myocarditis  
Psychosis with Cerebral Arteriosclerosis Dec 1930

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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) C. G. Quelt M. D.  
Farmington, 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.

RECEIVED

FEB 28 1938

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