

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.

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

Do not use this space.

37341

1. PLACE OF DEATH

County, Jefferson
Township, Josephim
City, Festus

Registration District No. 421
Primary Registration District No. 7249

File No. _____
Registered No. 96
St. _____ Ward _____

2. FULL NAME Thressa Schwent

(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 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hr. or _____ min.
85	8	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) General Housework
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Simon Grass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER J. Lorick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Louise Godel
(Address) Festus Mo

15. FILED 11-7, 1928 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6th, 1928

17. I HEREBY CERTIFY, That he had an inquest
Nov. 6, 1928, 19____, to _____, 19____
(that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 12:15 P.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Trouble

CONTRIBUTORY Old age
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. H. Williams
, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Festus Mo

11/8/ 1928

20. UNDERTAKER

ADDRESS

Duester & Vineyard

Festus Mo

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