

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

Do not use this space.

38381

File No. _____
Registered No. 16 St. _____ Ward _____

PLACE OF DEATH

County Montgomery Registration District No. 594
Township Shireland Primary Registration District No. 4352
City Shireland (No. _____) St. _____ Ward _____

2. FULL NAME Katharine Theissen
(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>ALIBANDER</u> (OR) WIFE OF <u>Herb Theissen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30, 1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>
	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>do</u>	
	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) <u>Shireland Mo</u>		
FATHER	13. NAME <u>John Struthman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Bernadine Katenau</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Fred S. Theissen</u> <u>Shireland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shireland</u> DATE <u>12-3</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Bart. Baker</u> <u>Asserices Mo</u>		
20. FILED <u>12-3</u> 19 <u>31</u> <u>O. P. Kuschellash</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. 2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1931

22. I HEREBY CERTIFY That I attended deceased from October 10 1931 to Nov 30 1931
I last saw her alive on Nov 30 1931. Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:
Progressive muscular atrophy Date of onset _____
Diabetes _____

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. _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) O. P. Kuschellash, M. D.
(Address) Shireland 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.

400-20 1931

