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.

SEP 26 1933

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

Do not use this space.

26109

1. PLACE OF DEATH

County Franklin — Registration District No. 296 — File No.

Township — Primary Registration District No. 4180 — Registered No.

City Union (No. , St. Ward)

2. FULL NAME Catherine M. Miesner

(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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John H. Miesner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30, 1874

7. AGE: Years 58 — Months 8 — Days 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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): Krakow Missouri

FATHER

13. NAME: Ferdinand Hoelscher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Krakow Missouri

MOTHER

15. MAIDEN NAME: Louisa Rolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Krakow Missouri

17. INFORMANT (ADDRESS): John H. Miesner Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery
PLACE Union, Mo. DATE Aug. 24 33

19. UNDERTAKER (ADDRESS): Union Furniture Co. Union, Mo.

20. FILED 9/11 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to 8-21, 1933

I last saw her alive on 8-21, 1933 Death is said to have occurred on the date stated above, at 7 P.m.

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

Lobar Pneumonia — Date of onset 8-14-33
Right Lower
108

Other contributory causes of importance:
Rheumatism
Arthritis

Name of operation — Date of
What test confirmed diagnosis? Phys. 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) Wm. Denny, M. D.
(Address) Union