

1939 MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 415  
Township Mural Primary Registration District No. 5559-C  
City Clarksdale (No. WEBB, CITY, MO. St. Clarksdale Ward)

File No. 6895  
Registered No. 11

2. FULL NAME

(a) Residence, No. Valencia P. Thier St. Clarksdale Ward. Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 26 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 OR (OR) WIFE OF Arthur Thier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 6 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Clarksdale Mo  
(STATE OR COUNTRY)

13. NAME Jane H. Pelch

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

15. MAIDEN NAME Elizabeth Litch

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

17. INFORMANT Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL CLARKSDALE, MO. DATE FEB. 16. 39  
PLACE DATE

19. UNDERTAKER John G. Brown  
(ADDRESS) Clarksdale Mo

20. FILED 2-15-39 19 Phyllis M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1937 to Feb 14 1939

I last saw her alive on Feb 14 1939. Death is said

to have occurred on the date stated above, at 6:35 m.

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

Pulmonary Tuberculosis  
Other contributory causes of importance: 23  
Name of operation None Date of None  
What test confirmed diagnosis? No test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1939

Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) Jean E. Tangeman, M. D.  
7 (Address) Clarksdale 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

District Health Officer No. 6,

District File Number 6-39-473

Date Filed MAR 4 1939