

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

Do not use this space.

798

**1. PLACE OF DEATH**

County Cooper  
Township Kelly  
City (No. ....) St. .... Ward)

Registration District No. 219  
Primary Registration District No. 5209

File No. ....  
Registered No. ....

**2. FULL NAME**

John Peter Thiel

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— 6 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Cooper County Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Ed. Thiel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mountain Co Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline Franken

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mountain Co Mo.  
(STATE OR COUNTRY)

14. INFORMANT Ed. Thiel  
(Address) Dipton Mo.

15. FILED 1/12 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11<sup>th</sup> 1929

17. I HEREBY CERTIFY That I attended deceased from St. Louis, Mo., 1929, to St. Louis, Mo., 1929, that I last saw him alive on Jan 11, 1929, and that death occurred, on the date stated above, at 8 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial Pneumonia  
7  
107A ✓

(duration) Over 24 hours

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) H. S. Wilson, M. D.

13, 1929 (Address) Fortuna

\*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

Catholic Cemetery Jan. 13 1929

20. UNDERTAKER ADDRESS

L. G. Amhoff Dipton Mo.

N. B.—Every item of information should be 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.

THIS IS A PERMANENT RECORD

State of

County of

Know all men by these presents, that I, the undersigned, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of \_\_\_\_\_ State of \_\_\_\_\_



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