

MARGIN
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DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Form V.S. No. 16

STATE OF COLORADO
STANDARD CERTIFICATE OF DEATH

State File No.
Vol 3, P. 129
Registrar's No. Dist.

1. PLACE OF DEATH a. COUNTY Pueblo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY Pueblo	
b. CITY, TOWN, OR LOCATION Pueblo		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Home		e. CITY, TOWN, OR LOCATION Pueblo	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		d. STREET ADDRESS	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) First Middle Last Aqusta Thielman		4. DATE OF DEATH Month Day Year Sept. 9 1902	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months 2 Days 21 IF UNDER 24 HR'S. Hours Min.
11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME A. Davis		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Vital Statistic Records		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Exhaustion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Pueblo, Colo.		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. A. Elack (Degree or title)		22b. ADDRESS Pueblo, Colo.	
		22c. DATE SIGNED Sept. 1902	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sent 11, 1902	
23c. NAME OF CEMETERY OR CREMATORY River View		23d. LOCATION (City, town, or county) Pueblo, Colorado (State)	
24. FUNERAL DIRECTOR Mc M & C ADDRESS Pueblo, Colorado		25. DATE REC'D. BY LOCAL REG. September, 1902	
26. REGISTRAR'S SIGNATURE			

1A
2A
9
15
1C
CAUSE OF DEATH

MEDICAL CERTIFICATION