UG 21 1928

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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph Hospital St. Ward)

File No. 23023

Registered No. 827

2. FULL NAME Bevely Ann Wiedmaier,

(a) Residence. No. 1821 Jule 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. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1928.

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Lawrence F. Wiedmaier,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Monica Marie Coffey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marionsville,
(STATE OR COUNTRY) Missouri.

14. INFORMANT Lawrence F. Wiedmaier
(Address) 1821 Jule Street.

15. FILED Jul 7 1928 John G. Otz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-28, 1928, to 7-5, 1928

that I last saw her alive on 7-5, 1928, and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Premature Infant

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

16 A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. S. Branson, M. D

7/7, 1928 (Address) Ver 1 mons Ret.

*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
Mount Olivet Cemetery	July 7, 19 28

20. UNDERTAKER	ADDRESS
Heaton-Byrd & Bowman	319 S.10 St.

by J. H. Waller Funeral Home