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.

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

Do not use this space.

33558

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 10 — Registered No.: 4098

City: Kansas City (No. 2632 Wabash St. Ward)

2. FULL NAME Mrs Augusta Weyermuller

(a) Residence. No. Lawrence Kans 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. 10 ds. How long in U.S., if of foreign birth? 70 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: Henry Weyermuller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 11 - 1852

7. AGE: Years 76 — Months 7 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): " "
(c) Name of employer: " "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prussia

PARENTS
10. NAME OF FATHER: Wm Wiedeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Prussia
12. MAIDEN NAME OF MOTHER: Wilhelmina
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Prussia

14. INFORMANT: Mrs O. L. Newby
(Address) 346 2nd St Lawrence Kans

15. FILED 10/8, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 7 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1928, 19..., to Oct. 7 1928, 19..., that I last saw her alive on Oct. 5 1928, 19..., and that death occurred, on the date stated above, at 6 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Decompensation
95 B
110 V
90 B
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Lawrence Kas.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) H. Young, M. D
Oct. 8, 1928 (Address) Lawrence Kans.

*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: Lawrence Kansas — DATE OF BURIAL: Oct 10 1928

20. UNDERTAKER: Steve & McClure — ADDRESS: 924 Oak