

23 1928

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

Do not use this space.

34426

1. PLACE OF DEATH
 County Pike Registration District No. 684
 Township Burnside Primary Registration District No. 4405
 City Burnside Green (No.) St. Ward)

2. FULL NAME Mrs. Florence Jay Weimer
 (a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 N. J. Weimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28-1870

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.
58 | 8 | X | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) wabash
 (STATE OR COUNTRY) Ind.

10. NAME OF FATHER Furnace Jay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Judd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT A. J. Weimer
 (Address)

15. FILED 11/10 28 H. B. Sommerkamp
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28th 1928

17. I HEREBY CERTIFY That I attended deceased from Oct. 21st 1928 to Oct. 28th 1928
 that I last saw her alive on Oct. 28th 1928, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Carcinoma
44A (duration) 3 yrs. mos. da.
 CONTRIBUTORY (SECONDARY)

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) James B. Briggs, M.D.
Oct 29, 1928 (Address) Burnside Green, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Vernon, Ind. DATE OF BURIAL 10-31-1928

20. UNDERTAKER Grace Bankhead ADDRESS Burnside Green 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.

