

JAN 28 1929

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

Do not use this space.

43689

1. PLACE OF DEATH

County *Schuyler*
Township *Cheriton*
City *Coatsville* (No.)

Registration District No. *807*
Primary Registration District No. *6052*

File No.
Registered No. *12*
St. Ward

2. FULL NAME *Elma Weatch*

(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. ds. How long in U.S., if of foreign birth? 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 *Emory Weatch*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 8-1877*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 | 11 | 6

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) *957 B*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Davis Co. Iowa*

10. NAME OF FATHER *Jacob Berg*

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

12. MAIDEN NAME OF MOTHER *Micilla Arnold*

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

14. INFORMANT *Emory Weatch*
(Address) *Coatsville, Mo.*

15. FILED *12-20-8* *Clarence Full* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 17 1928*

17. I HEREBY CERTIFY That I attended deceased from *Dec 7*, 19*28*, to *Dec 7*, 19*28*, that I last saw h.c.r. alive on *Dec 7*, 19*28*, and that death occurred, on the date stated above, at *10:30 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Heart failure in con-
nection with acute
Influenza* (duration) yrs. mos. *7* ds.

CONTRIBUTORY (SECONDARY) *Mitral leakage with
Chronic arthritis* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED:

IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? DATE OF ...

WAS THERE AN AUTOPSY? ...

WHAT WERE THE CONFIRMED DIAGNOSIS? *Physical exam*

(Signed) *W. S. Downing*, M. D.
, 19 (Address) *Moulton, Ia*

*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 *Coatsville, Mo.* DATE OF BURIAL *Dec 16 1928*

20. UNDERTAKER *John A. Roberts* ADDRESS *Lancaster, Missouri*

N. E.—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.

