

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

Do not use this space.

15138

1. PLACE OF DEATH

County Lafferson Registration District No. 421
 Township Festus Primary Registration District No. 4549
 City Festus (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 56

2. FULL NAME

Ede Ann Weaver

(a) Residence. No. Festus Mo St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 - 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>		<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bloomfield
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER John Poston

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

12. MAIDEN NAME OF MOTHER Martha Barry

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

14. INFORMANT Mrs J. E. Rutledge
 (Address) Festus Mo

15. FILED 1/13, 1929 J. E. Rutledge
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug., 1924, to Apr. 11, 1929 that I last saw her alive on 4/11, 1929 and that death occurred, on the date stated above, at 10:17 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aneurysm of abdominal
aortic
artery
82 D
102 (duration) yrs. mos. 6 ds.

CONTRIBUTORY Hemiplegia-hypertension
 (SECONDARY) (duration) 13 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 9/10
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. E. Rutledge, M. D.
4/11, 1929 (Address) Festus, Mo

*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 Festus Mo DATE OF BURIAL Apr 13 1929

20. UNDERTAKER Decker & Kenyon ADDRESS Festus 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.

1929
50
430

22-1-2522

