

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

Do not use this space.

17274

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph. (No. 312 North 13th.) St. _____ (Ward)

File No. _____
 Registered No. 570

2. FULL NAME Caroline Wilhelmina Weckerlin
 (a) Residence. No. 312 North 13th. St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 70 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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7th. 1838

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>5</u>	<u>24</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Holmes County,
 (STATE OR COUNTRY) Ohio.

10. NAME OF FATHER Chris Welty,
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bern,
 (STATE OR COUNTRY) Switzerland,
 12. MAIDEN NAME OF MOTHER Elizabeth Snider,
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bern,
 (STATE OR COUNTRY) Switzerland,

14. INFORMANT Mrs. Anna Hess
 (Address) 312 North 13th Street

15. FILED 3 1929
John B. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st. 19 29
 17. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1929, to May 1st. 1929, that I last saw her alive on May 1st. 19 29, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A
105D
 (duration) 10 yrs. mos. 10 ds.
 CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) _____ yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? _____
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) L. S. Long, M. D.
May 1. 19 29 (Address) 822 Edmund

*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 Mount Mora Cemetery DATE OF BURIAL May 3rd 19 29

20. UNDERTAKER Hester BeGole Bowers ADDRESS 319 S. 10 St.
by [Signature] Funeral Home

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.

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