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

Do not use this space.

25364

**1. PLACE OF DEATH**

County Nodaway — Registration District No. 625 — File No.

Township Polk — Primary Registration District No. 3031 — Registered No. 62

City Maryville (No. ..... St. ..... Ward)

**2. FULL NAME** Josephine Weidman

(a) Residence. No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(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.

**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: Alfred Weidman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE: YEARS 74 — MONTHS — DAYS — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fortune Teller
(b) General nature of industry, business, or establishment in which employed (or employer): 469 53
(c) Name of employer: 1929

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

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

14. INFORMANT: Mrs Will Ramey
(Address) Maryville

15. FILED July 6 1929 C. P. McGryer REGISTRAR E.D.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4 1929

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to July 4, 1929, that I last saw her alive on July 4, 1929, and that death occurred, on the date stated above, at 5-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
Metastatic Carcinoma of Cord
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Broncho Pneumonia
(duration) yrs. mos. 2 ds.

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?
(Signed) F. C. Wallis, M. D.
, 19 (Address) Maryville 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: Miriam Cemetery — DATE OF BURIAL: 7/6 1929

20. UNDERTAKER: Price Fun Co — ADDRESS: Maryville 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.

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