

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

Do not use this space.

43305

1. PLACE OF DEATH

County Worth Registration District No. 1112
Township Middlefork Primary Registration District No. 6213
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Mary H. Weiger
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 5 12

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) 24
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER L. S. Weiger

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

12. MAIDEN NAME OF MOTHER Margaret C. Plunke

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

14. INFORMANT J. P. Brown
(Address) Denver, Mo.

15. FILED 1931, 19 29 G. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1929, to Dec 16, 1929 that I last saw him alive on Dec 16, 1929 and that death occurred, on the date stated above, at 5-30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
8 P.M. (duration) yrs. mos. ds. 26

CONTRIBUTORY (SECONDARY) 7404
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 20
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Louis H. Perry M. D.
, 19 (Address) Denver, 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 DATE OF BURIAL
Prairie Chapel Dec 18 1929

20. UNDERTAKER ADDRESS
Brown Bros. Denver

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.

MAINTAINED RESERVED FOR BINDING

V. NO. 2.

113
62-1-1140

