

MAR 25 1930

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

Do not use this space.

4619

1. PLACE OF DEATH

County Greene
Township Stonewall
City Stonewall (No. 4190)

Registration District No. 314
Primary Registration District No. 4190

File No. 8
Registered No. 8
St. Stonewall Ward 1

2. FULL NAME

Martha Mae Weffer
(a) Residence. No. St. Ward 1
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Ed J. Weffer
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 - 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 11 19

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greene County
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Peter Sonoma
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Abrah Conandy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

14. INFORMANT Ed Weffer
(Address) Stonewall MO

15. FILED 2/12 19 30 6 REGISTRAR Stonewall MO

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 19 30
17. I HEREBY CERTIFY, That I attended deceased from Jan 10 19 30, to Feb 11 19 30, and that I last saw him alive on Feb 11 19 30, and that death occurred, on the date stated above, at 1.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis (duration) yrs. mos. 6 ds.
CONTRIBUTORY Pneumonia lobar (SECONDARY) (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED 10/10
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF no.
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. G. Simpson, M. D.
, 19 (Address) Stonewall 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 Stonewall MO DATE OF BURIAL 2/13 19 30

20. UNDERTAKER data F. Phillips ADDRESS Stonewall 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.

Dr. S. E. Linsley