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

Do not use this space.

1. PLACE OF DEATH
County Dent
Township Franklin
City ..... (No. ..... St. ..... Ward)

Registration District No. 266
Primary Registration District No. 5373

File No. 38968
Registered No. 158

JAN 19 1931

2. FULL NAME Mrs Laura C. Weston
(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): Married

5A. IF MARRIED, ~~WIDOWED OR~~ DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Jesse H. Weston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1858 Oct 24

7. AGE: 72 YEARS; MONTHS: 1; DAYS: 10; If LESS than 1 day, ... hrs. or ..... min.

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) ------- (STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER John Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ------- (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Sarah Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ----- (STATE OR COUNTRY) Tenn.

14. INFORMANT John Weston
(Address) Salem Mo.

15. FILED 12/5 1930 W. E. Rudd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec. 4th, 1930 that I last saw her alive on Nov. 26, 1930 and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82 A
97
(duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) 5 yrs. — mos. — 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? Usual Physical
(Signed) W. E. Rudd, M. D.
12/6, 1930 (Address) Salem, 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: Minor Cemetery
DATE OF BURIAL: 12/6 1930

20. UNDERTAKER: [illegible]
ADDRESS: Salem Mo.

WHITE 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.