MAR 26 1931

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

Do not use this space.

6477

1. PLACE OF DEATH
County Nodaway
Township Polk
City Maryville (No. ..... St. ..... Ward)

Registration District No. 625
Primary Registration District No. 3031

File No. .....
Registered No. 12

2. FULL NAME Clara Weed Walbridge

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W J Walbridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 31 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	10	4	

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) .....
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Wm Weed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Hulda Peck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

14. INFORMANT Chas E Stilwell
(Address) Maryville Mo

15. FILED 2-9, 1931 C. P. Fryer M.E.C. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 17th, 1930, to Feb 5, 1931, that I last saw h. alive on Feb 3rd, 1931, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio-Pneumonia
9 DA
10 DA
..... (duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Valvular disease of heart (duration) 10 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? No Lab.
(Signed) L E Dean, 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	DATE OF BURIAL
Miriam Maryville	2-8 1931
20. UNDERTAKER	**ADDRESS**
Cummins Funeral	Maryville

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.