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.

APR 25 1931

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

Do not use this space.

11159

1. PLACE OF DEATH
County Putnam — Registration District No. 718 — File No.
Township Union — Primary Registration District No. 5947 — Registered No. 18
City (No. St. Ward)

2. FULL NAME Elizabeth M. Deweer
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R. T. Deweer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-14-1844

7. AGE: YEARS 87 — MONTHS 1 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co Iowa

FATHER
13. NAME: Daniel Lute
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Geo Deweer, Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Church Cem. DATE: Mar 23 1931

19. UNDERTAKER (ADDRESS): Comstock Marsco, Unionville Mo

20. FILED: 3-22, 1931 — J. H. Hohman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1931, to Mar. 21, 1931
I last saw her alive on Mar - 20, 1931. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/25/31
Pneumonia unresolved.	3/1/21
118	
108	
97	
Other contributory causes of importance:	
General Arteriosclerosis	10 yrs

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Unionville