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

Do not use this space.

12781

1. PLACE OF DEATH
County Saline — Registration District No. 793 — File No.
Township Elmwood — Primary Registration District No. 6036 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lovie Berdine Weisenburger.
(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: child of Louis Weisenburger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 18-1930

7. AGE — YEARS: — MONTHS: 3 — DAYS: 25 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child 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): Marshall Mo

PARENTS
10. NAME OF FATHER: Louis Weisenburger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo
12. MAIDEN NAME OF MOTHER: Nella Fitzgerald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo

14. INFORMANT: Albert G. Senges
(Address): Mt Leonard Mo

15. FILED Mar 16, 1931 — E Steinbrueck, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 15 1931

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 15, 1931, that I last saw her alive on March 15, 1931, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
10 Ia
(duration) 10 yrs. mos. 13 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible], M. D
3/16/, 1931 (Address) Sweet Springs 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: Sweet Springs Mo — DATE OF BURIAL: March 17 1931

20. UNDERTAKER: Jesse Harvey — ADDRESS: Sweet Springs Mo

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.

V. S. NO. 2 — RESERVED FOR BINDING

APR 17 1931