83-14-12 April

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

Do not use this space.

13732

1. PLACE OF DEATH

3b County Franklin — Registration District No. 794 — File No.

Township Prairie — Primary Registration District No. 53418 — Registered No. 22

City (No. St. Ward)

2. FULL NAME Charlotte Elisbeth Wieda

(a) Residence, No. Leubering St., Ward. (If nonresident, give city or town and State)
(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.

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: Henry Wieda

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-14-1848

7. AGE: YEARS 83 — MONTHS 0 — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Leubering Mo

FATHER
13. NAME: Charlotte Elisbeth Brunk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): John Brunk Ken Knox 31

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

17. INFORMANT (ADDRESS): Mrs Mae Lee 2 [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem DATE April 16 1931

19. UNDERTAKER (ADDRESS): Coeur F/Co St. Clair

20. FILED 4/15 1931 W. E. Kitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to April 14, 1931

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis — Date of onset 3/20 [illegible]

11A 106B

Other contributory causes of importance: Flu - 11A

Name of operation None 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) W. E. Kitchell, M. D.

(Address) St. Clair 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.

MAY 23 1931