

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

Do not use this space.

17746

1. PLACE OF DEATH

County Greundy
Township Wright
City Trenton

Registration District No. 330
Primary Registration District No. 3017
No. Wright Hospital

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 402 W. 14th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Weil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-31-1873</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>9</u>
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>2</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Trenton Mo.</u>		
13. NAME <u>Henry Stein</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany Mo.</u>		
15. MAIDEN NAME <u>Rebecca Strouse</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>at Stein Trenton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Queen Ill</u>	<u>May. 25-1931</u>	
19. UNDERTAKER (ADDRESS) <u>Johnson Funeral Home Trenton Mo.</u>		
20. FILED <u>23 May 31 1931</u> <u>E. A. Duffy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1931

22. I HEREBY CERTIFY, That I attended deceased from 8 May 1931 to 22 May 1931
I last saw her alive on 22 May 1931 Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas (Date of onset) med.
46 f
Other contributory causes of importance:
Exploratory decision Date of 29 May 1931
What test confirmed diagnosis? Opd Was there an autopsy? no

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? no
If so, specify _____
(Signed) E. A. Duffy, M. D.
(Address) Trenton Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGO RESERVED FOR BINDING

V.S. NO. 2.

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.

