

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.

OCT 28 1931

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

Do not use this space.

30561

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 6036 Pryor Avenue,

File No.

Registered No. 323

St. Ward

2. FULL NAME Emily Louise Weir,

(a) Residence, No. 6036 Pryor Avenue, 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) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Weir,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,
10. Date deceased last worked at this occupation (month and year) Sept. 1931.
11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan County, Kansas,

13. NAME Jacob Lavinger,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

15. MAIDEN NAME Cinderella Denning,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky-

17. INFORMANT (ADDRESS) William J. Weir, 6036 Pryor Avenue.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Sept. 8, 1931

19. UNDERTAKER (ADDRESS) Heaton, Belshe, & Bowman, 319 S. 10th St.

20. FILED 9-8 1931 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to Sept 6, 1931. I last saw her alive on Sept 6, 1931. Death is said to have occurred on the date stated above, at 6:35 p.m. The principal cause of death and related causes of importance were as follows:

Leucemia of the Blood
533
3-45-30

Other contributory causes of importance
Subacute Cystitis
Name of operation Date of May 26, 1931
What test confirmed diagnosis Laboratory 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) W. G. Greenberg, M. D. (Address)

THE NATIONAL BUREAU OF STANDARDS
WASHINGTON, D. C. 20540

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