

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

Do not use this space.

2201

9-11-1932
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1. PLACE OF DEATH
 County St. Francois Registration District No. 779
 Township Randolph Primary Registration District No. 6024a.
 City Cantwell (No. _____) St. _____ Ward _____

2. FULL NAME Corra Weible
 (a) Residence, No. Cantwell 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Weible</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13-1889</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>5</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) <u>Cantwell Missouri</u>		
13. NAME <u>W. M. Robbs</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Mo.</u>		
15. MAIDEN NAME <u>Emma Underhill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genevieve Mo.</u>		
17. INFORMANT <u>George Weible</u> (ADDRESS) <u>Cantwell Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cantwell</u> DATE <u>1-8-32</u>		
19. UNDERTAKER <u>C. J. Boyer</u> (ADDRESS) <u>Desloge Mo.</u>		
20. FILED <u>1-7-32</u> 19 <u>32</u> <u>R. B. Foster</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1932

22. I HEREBY CERTIFY, That I attended deceased from July 1928, 1928 to 1-6-1932, 1932
 I last saw her alive on 1-5-1932. Death is said to have occurred on the date stated above, at 1 AM m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma breast Date of onset 1928
5050
 Other contributory causes of importance: ①

Name of operation Removal Breast Date of 1930
 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? no 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) Harold O. Saebel, M. D.
 (Address) Desloge Mo.

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.

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