

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

Do not use this space.

19475

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township 2nd Primary Registration District No. 309  
 City R. 2, Mo. (No. 2746 District 14 Ward)

File No. ....  
 Registered No. 2270 St. .... Ward)

**2. FULL NAME**

Alice B. Weingand  
 (a) Residence, No. 2746 District 14 Ward.

(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>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11-1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</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>Apple Bluff, Mo.</u>		
MOTHER	13. NAME <u>D. M. Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
	15. MAIDEN NAME <u>No record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT <u>Frank B. Clayton</u> (ADDRESS) <u>2746 District</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Monica</u> DATE <u>June 6, 1932</u>		
19. UNDERTAKER <u>Mrs. G. E. Foster</u> (ADDRESS) <u>R. 2, Mo.</u>		
20. FILED <u>June 6, 1932</u> <u>M. D. Brown</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3 31 to June 4 1932  
 I last saw her alive on June 3 1932 Death is said

to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency Date of onset 1923  
Cardiac Arrhythmia  
Coronary Sclerosis  
 Other contributory causes of importance: Ascites

Name of operation NO Date of NO  
 What test confirmed diagnosis: Clinical 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 NO  
 (Signed) Osadore Anderson M. D.  
 (Address) 1317 Rialto Bldg

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.

ORIGIN RESERVED FOR BINDING

3. NO. 2

Dr. Chadwick Anderson  
Rialto Bldg. Vi-1257  
723 W. 45 L0-6477