

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

Do not use this space.

22357

File No. \_\_\_\_\_  
Registered No. 77 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
27 County Cooper Registration District No. 218  
2 Township \_\_\_\_\_ Primary Registration District No. 3015  
4 City Boonville (No. Hospital)  
2. FULL NAME Era May Weesen  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Syracuse  
(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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21<sup>st</sup> 1867  
7. AGE YEARS 65 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23  
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Tipton Mo (STATE OR COUNTRY) Monteau Co. 1

13. NAME M. D. W. Pherson

14. BIRTHPLACE (CITY OR TOWN) Monteau Co. Mo (STATE OR COUNTRY)

15. MAIDEN NAME Rose Cook

16. BIRTHPLACE (CITY OR TOWN) Monteau Co. (STATE OR COUNTRY) MO.

17. INFORMANT John R. Weesen (ADDRESS) Syracuse Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Moreau Cem. DATE Aug 1<sup>st</sup> 1932

19. UNDERTAKER Schmitzky Wornhoff (ADDRESS) Boonville Mo.

20. FILED Aug 1 1932 G. A. Russell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30<sup>th</sup> 1932  
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to July 30, 1932.  
I last saw her alive on July 30, 1932. Death is said to have occurred on the date stated above, at 12:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus  
59  
Other contributory causes of importance: fracture of both legs

Name of operation amputation Date of July 25  
What test confirmed diagnosis? chem. cal. 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 None  
(Signed) Allyn Revenson, M. D.  
(Address) Boonville 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.

AUG 23 1932

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

