

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

Do not use this space.

26805

1. PLACE OF DEATH

68 County Monroe
1 Township Walker
2 City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 43 St. Ward)

2. FULL NAME

Eliza Katherine Wells
(a) Residence. No. St. Ward.
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

PARENTS
10. NAME OF FATHER Daniel Weidner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo
12. MAIDEN NAME OF MOTHER Mary Feltner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama

14. INFORMANT Mrs Mary Felt
(Address) California Mo

15. FILED 8/20, 1932 Geo R Roeh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 - 1932 to Aug 19 1932 that I last saw h. alive on Aug 19 1932, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease
118C (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastritis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ①
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) L. L. Latham, M. D.
, 19 (Address) California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Smithton Cemetery DATE OF BURIAL 8/21 1932

20. UNDERTAKER William & Friedman ADDRESS California

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.

SEP 34 1932

