

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

Do not use this space.

**34654**

**1. PLACE OF DEATH**

4 County Andrew Registration District No. 26  
 4 Township Sullivan Primary Registration District No. 3002  
 City Mexico, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 128

**2. FULL NAME** Margaret A. Weakley

(a) Residence, No. 403 North Western 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>9</u>	<u>1</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Kahuku  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER A. H. Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Lucille Weakley  
 (Address) Tracy, Mo.

15. Nov. 15, 1932 Ira S. Milligan  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 - 1932

17. I HEREBY CERTIFY That I attended deceased from Nov 32  
12 1932 to Nov 14 1932  
 that I last saw alive on Nov 14 1932 and that death occurred, on the date stated above, at 9:00 AM

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis

CONTRIBUTORY (SECONDARY)

930

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) William Ford M. D.

, 19 (Address) Mexico 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

Tracy cemetery

20. UNDERTAKER

H. A. Paul & Son

DATE OF BURIAL

Nov. 16 1932

ADDRESS

Mexico 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.

7 1932

