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.

JAN 7 1933

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

Do not use this space.

34795

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1060
City St. Joseph, (No. 2202 Angelique St. Ward)

2. FULL NAME Lillian Frances Wieman,
(a) Residence, No. 2202 Angelique St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. 4 mos. 24 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,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis Wieman,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1892
7. AGE: YEARS 40 — MONTHS 4 — DAYS 24 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Saint Joseph, Missouri, 1

FATHER
13. NAME: John F. Ashmore,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Iowa, 2

MOTHER
15. MAIDEN NAME: Clara Dohler,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Iowa,

17. INFORMANT (ADDRESS): Louis Wieman 2202 Angelique Street.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Nov. 7th. 1932
19. UNDERTAKER (ADDRESS): Healon-BeGole & Bowman 319 S. 10th St. Funeral Home
20. FILED NOV 4 1932 John R. Benderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 4th, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1932, to Nov 3, 1932
I last saw her alive on Nov 3, 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset
82A
82A

Other contributory causes of importance: none ①

Name of operation ✓ Date of ✓
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 ✓
(Signed) Emmett F. Cook M. D.
(Address) Phys & Surg Bldg