

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

Do not use this space.

40260
47

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
7 Township Joplin Mo. Primary Registration District No. 7022
5 City Joplin Mo. (No.) St. Ward

File No.
Registered No.

52. FULL NAME Mrs Margaret Anna Wedeking
(a) Residence, No. 414 Polk St. Ward.
(If non-resident, 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>
51. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John A. Wedeking</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 1 - 1832</u>		
7. AGE	YEARS	MONTHS
	<u>100</u>	<u>4</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>As wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		<u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	13. NAME <u>Kraft</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>no Record</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Anna Wedeking</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lairview</u> DATE <u>Dec. 30</u>		
19. UNDERTAKER <u>Frank Rigors Co</u>		
20. FILED <u>12/29</u> 19 <u>32</u> <u>Joplin Mo.</u> <u>Clifton Clark</u> Registrar.		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1932 to 12/27, 1932
I last saw her alive on 12/27, 1932 Death is said to have occurred on the date stated above, at 10:05 a.m.
The principal cause of death and related causes of importance were as follows:
Senility with congestion of lungs
Date of onset

Other contributory causes of importance:
None

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) A. H. Miller, M. D.
(Address) Joplin Mo.

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.

JAN 6 1933

