

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.

MAY 22 1933

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

Do not use this space.

12909

1. PLACE OF DEATH
37 County Gasconade Registration District No. 302
Township 1st Primary Registration District No. 6231
City Paris (No. 1) St. Mo. Ward 1

2. FULL NAME Rachel Jane Wette
(a) Residence, No. 1 St. Mo. Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 0 8 15 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Bland Mo. R.

13. NAME Wm Wette

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

15. MAIDEN NAME Lora Glenn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Gate Mo

17. INFORMANT (ADDRESS) Wm Wette Bland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Cem DATE Apr. 30 1933

19. UNDERTAKER (ADDRESS) H. Michel Bland Mo

20. FILED 4-30 1933 CA Bunge MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 21 1933 to Apr 30 1933
I last saw him alive on Apr 21 1933 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:
Fractured Ribs Date of onset 159

Other contributory causes of importance: 159

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

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? —
If so, specify —
(Signed) H. A. Bunge, M. D.
(Address) Bland Mo

