

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

*M. W. W.*  
Do not use this space.  
**20668**

**1. PLACE OF DEATH**

County Pitts Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Salina (No. 434, E Salina) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 156

**2. FULL NAME**

(a) Residence, No. 434 E Salina 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wiegand  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1880  
7. AGE YEARS 33 MONTHS 4 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K-9

13. NAME John Tillet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K-4

15. MAIDEN NAME Sarah Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K-2

17. INFORMANT (ADDRESS) John Wiegand Salina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 6/16 1933

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Salina Mo

20. FILED 6-16 1933 J. P. JOVE Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1933  
22. I HEREBY CERTIFY, that I attended deceased from Jan 10 1932, to June 13 1933  
I last saw her alive on June 13 1933 Death is said to have occurred on the date stated above, at 9:15 P. M.  
The principal cause of death and related causes of importance were as follows:

Mammary Carcinoma (Right)  
50  
50  
Date of onset Right

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Chas. W. Wiegand, M. D.  
(Address) Salina 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.

JUL 23 1933

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WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

