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.

SEP 26 1933

10 2 2 2275

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

Do not use this space.

85

25678

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 788
City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME Helen Amelia Weir
(a) Residence, No. St., Ward. Wathena, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 18 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: Thomas S. Weir Jr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov, 14, 1906

7. AGE: YEARS 26 — MONTHS 8 — DAYS 23 — 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.
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): Doniphan Co. Kansas

FATHER
13. NAME: John Weis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doniphan Co. Ks.

MOTHER
15. MAIDEN NAME: Wilhelmina Weis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany.

17. INFORMANT (ADDRESS): Thos. S. Weir Jr. Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wathena, Kansas DATE Aug. 9, 1933

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 8-8-, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug, 7, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1933, to 8-7-, 1933
I last saw her alive on 8-7-, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis 134A	?
Nephrolithiasis 134A	?
Surgical Shock 136	8-7-33
Septicemia before	7-21-33

Other contributory causes of importance: 134A

① Nephrostomy Date 7-25-33
Name of operation ② Nephrectomy Date of 8-7-33
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) Paul Fogarty, M. D.
(Address) Tootle Bldg. St. Joseph, Mo.