

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

Do not use this space.

28935

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Tullon Primary Registration District No. 5153
 City (No. _____) _____ St. _____ Ward _____
 2. FULL NAME Miss Annie Lee Weaver
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE Negro 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) Sept. 11-1886
 7. AGE YEARS 46 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done House Maid
 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) Missouri
 MOTHER 13. NAME Frank Weaver
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Susan Morris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 17. INFORMANT E. Taylor Weaver
 (ADDRESS) Tullon Mo
 18. BURIAL, CREMATION, OR REMOVAL White Cloud Cem. DATE Sept 8 1933
 19. UNDERTAKER Ed Bell
 (ADDRESS) Tullon Mo
 20. FILED 9/7 1933 A. N. Crew
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1933
 22. I HEREBY CERTIFY, That I attended deceased from Apr 7 1933 to Aug-30 1933
 I last saw her alive on Aug-30 1933 Death is said to have occurred on the date stated above at 10¹⁵ P. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset _____
930
54 B H 4 10
10¹⁵
 Other contributory causes of importance:
Hypertension
Fibroid tumors of the uterus
 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 M. A. Richardson, M. D.
 (Signed) _____
 (Address) Tullon 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.

OCT 20 1933

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