

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.

OCT 20 1933

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

Do not use this space.

32040

1. PLACE OF DEATH *Worth*

County *Worth*

Township *Witchell*

City *Grant City* (No. ....)

Registration District No. *903*

Primary Registration District No. *6712*

File No. ....

Registered No. *28*

St. ....

Ward) .....

2. FULL NAME *Julia Ann Weigant*

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth? ....

yrs. ....

mos. ....

ds. ....

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

|  |   |   |                  |  |
|--|---|---|------------------|--|
| 3. SEX<br><i>M.</i>  | 4. COLOR OR RACE<br><i>W.</i>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><i>Married</i> |                  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><i>C Weigant</i>   |   |   |                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><i>Oct 7 1854</i>                       |   |   |                  |  |
| 7. AGE   | YEARS<br><i>78</i>  | MONTHS<br><i>11</i>   | DAYS<br><i>3</i> | If LESS than 1 day, ..... hrs. or ..... min. |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><i>Housewife</i> |   |                  |  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><i>—</i>                  |   |                  |  |
|  | 10. Date deceased last worked at this occupation (month and year) <i>Jan 7 1933</i>                             |   |                  |  |
| 11. Total time (years) spent in this occupation<br><i>Life</i>                     |   |   |                  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><i>White Hall</i>              |   |   |                  |  |
| FATHER   | 13. NAME<br><i>Walter Taylor</i>  |   |                  |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><i>Douglas</i>  |   |                  |  |
| MOTHER   | 15. MAIDEN NAME<br><i>Sarah Hammond</i>   |   |                  |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><i>Wagon</i>  |   |                  |  |
| 17. INFORMANT (ADDRESS)<br><i>Janly Weigant Grant City, Mo.</i>                    |   |   |                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <i>Wagon Cem.</i> DATE <i>9/13 1933</i> |   |   |                  |  |
| 19. UNDERTAKER (ADDRESS)<br><i>C. C. Dyer, Inc. Grant City, Mo.</i>                |   |   |                  |  |
| 20. FILED <i>9/13 33</i> Registrar.  |   |   |                  |  |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 10 - 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 27 - 1933* to *Sept 10 - 1933*  
I last saw *her* alive on *Sept 10 - 1933*. Death is said to have occurred on the date stated above, at *11:00* a.m.  
The principal cause of death and related causes of importance were as follows:  
*Cerebral Hemorrhage*  
*131*  
*131*  
Date of onset *8/27/33*

Other contributory causes of importance:  
*Chronic nephritis*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Autopsy* 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) *J. R. Phipps*, M. D.  
(Address) *Grant City, Mo.*

