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

Do not use this space.

33505

1. PLACE OF DEATH
51 County Johnson — Registration District No. 429 — File No. 15
4 Township Washington — Primary Registration District No. 4235 — Registered No.
3 City Knob Noster Mo. (No. ..... St. ..... Ward)

2. FULL NAME Auta Belle Weidman

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. W. Weidman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-23-1865

7. AGE: Years 67 — Months 10 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredrickstown Ohio

FATHER
13. NAME: W. S. Files
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

MOTHER
15. MAIDEN NAME: Martha Evers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Marie Wiebusch Knob Noster Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knob Noster DATE Oct. 10, 1933

19. UNDERTAKER (ADDRESS): C. L. Sault Knob Noster Mo.

20. FILED Oct 10, 1933 J. A. Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Oct 8, 1933
I last saw her alive on Oct 8, 1933. Death is said to have occurred on the date stated above, at 3 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of Breast	
50	
131	
50	

Other contributory causes of importance:
(1) Other hyperitis

Name of operation: None — Date of
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?
If so, specify
(Signed) H. W. Gravy, M. D.
(Address) Knob Noster Mo

WRITE PLAINLY, WITH INFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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