

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
 County Buchanan Registration District No. 82 File No. 835691  
 Township Hurlinger Mo. Primary Registration District No. 6723 Registered No. 8  
 City Hurlinger Mo. (No. ...., St. .... Ward)

2. FULL NAME Sophia Gawatz Weipert  
 (a) Residence, No. .... St. .... Ward. Hurlinger Mo.  
 (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Joseph Weipert</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 12, 1861</b>		
7. AGE YEARS <b>72</b>	MONTHS <b>7</b>	DAYS <b>20</b>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>
	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) **Buchanan Co.**  
 (STATE OR COUNTRY) **Missouri**

13. NAME **Aloysius Gawatz**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Mary Fladd**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY) **Germany**

17. INFORMANT **Joseph Weipert**  
 (ADDRESS) **Hurlinger**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Hurlinger Mo.** DATE **Nov. 4**, 19 **33**

19. UNDERTAKER **H. O. Sidenfader**  
 (ADDRESS) **1802 Union St. St. Joseph Mo.**

20. FILED **12/11**, 19 **33** **W. B. Zigman** Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 2**, 19 **33**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 15, 1933**, to **Aug 30, 1933**  
 I last saw **her** alive on **Aug 30**, 19 **33** Death is said to have occurred on the date stated above, at **4:30 P.M.**

The principal cause of death and related causes of importance were as follows:

**Chr Myocarditis**  
**93C**  
**97**  
**102**  
 Other contributory causes of importance:  
**Hypertension**  
**Arteriosclerosis**  
 Date of onset

Name of operation **None** Date of .....

What test confirmed diagnosis? **None** Was there an autopsy? **—**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **None** Date of injury ....., 19 .....

Where did injury occur? **None** (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? .....

If so, specify **Samuel Douglas**, M. D.  
 (Signed) **St. Joseph Mo**  
 (Address) .....

