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

Do not use this space. 38862

1. PLACE OF DEATH
County Sullivan — Registration District No. 849 — File No.
Township Union — Primary Registration District No. 6115 — Registered No. 1
City (No. , St. Ward)

2. FULL NAME Florence Wever
(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 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: Frank Wever

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-7-1865

7. AGE: YEARS 68 — MONTHS 4 — DAYS 4 — 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): Linn Co. Mo.

FATHER
13. NAME: Martin Dierdorff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Henry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Frank Wever

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dantown DATE 11-12, 1933

19. UNDERTAKER (ADDRESS): Glenn E. Kent, Green City Mo

20. FILED Dec 5, 1933 Virginia Gibson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1933, to 11-11, 1933
I last saw her alive on 11-9-, 1933 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Catarrhal Pneumonia — Date of onset 11-1-1933
107A
107A
Other contributory causes of importance
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
(Signed) Ross H Shepler, M. D.
(Address) Green City Mo, R R 2

WRITE PLAINLY, ... EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied.