WHITE PERMANENT, 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.

JUN 22 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No. 13326
Township Belle — Primary Registration District No. 3022 — Registered No. 29
City De Soto (No. ..... St. ..... Ward)

2. FULL NAME Georgia Pauline Wehner
(a) Residence, No. 309 S. Third St., 2nd Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 24 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 Wm E. Wehner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1909
7. AGE YEARS 24 MONTHS 7 DAYS 29 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) De Soto Mo

FATHER
13. NAME Henry W Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

MOTHER
15. MAIDEN NAME Bertha Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo

17. INFORMANT (ADDRESS) Margaret Harris De Soto Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Woodlawn Park DATE April 17 1934
19. UNDERTAKER (ADDRESS) Wm F Barnhart Crystal City Mo
20. FILED 4/16 1934 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept. 17th 1933, to April 14th 1934
I last saw her alive on April 14th 1934. Death is said to have occurred on the date stated above, at 3.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
[illegible]	

Other contributory causes of importance:
Aortic Stasis

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? No
If so, specify .....
(Signed) C. E. Schulte, M. D.
(Address) 3539 Sidney St St Louis Mo.