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 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No. 32458

Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 86

City Washington (No. ..., ... St. ..... Ward)

36 8 9

2. FULL NAME Julia Wuest

(a) Residence, No. 310 West Third St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 8 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): Single

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30th, 1868

7. AGE: YEARS 65 — MONTHS 3 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housekeeping
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): Washington, Missouri

FATHER

13. NAME: William Wuest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Johannah Soetman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): William Wuest, 310 W. 3rd St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery
PLACE Washington, Mo. DATE Sept. 11, 1934

19. UNDERTAKER (ADDRESS): Otto & Co., Washington, Mo.

20. FILED Sept. 10, 1934 — H. Amay, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1932, to Sept. 8, 1934

I last saw her alive on Sept 8 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Intracranial hemorrhage

82A

Date of onset

Other contributory causes of importance:

62a

Name of operation: None — Date of .....

What test confirmed diagnosis? Clinical only — 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) Frank G. Ways, M. D.

(Address) 309 W. 4th, Washington, Mo.