

OCT 10 1934

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

Do not use this space.

File No. **32605**
Registered No. **170**
St. _____ Ward _____

1. PLACE OF DEATH

County **Henry** Registration District No. **347**
Township **Clinton** Primary Registration District No. **3018**
City **Clinton Mo** (No. _____) St. _____ Ward _____

2. FULL NAME **Mrs Della F Widman**

(a) Residence, No. **West Green** St. _____ Ward _____
(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 **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Arnold Widman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June-13-1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housekeeper**
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) **Round Co. Kentucky**

13. NAME **James A. Kirk**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Tillitha A. Clark**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Grace Widman**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Englewood 9/19/34**

19. UNDERTAKER (ADDRESS) **Sporeson**

20. FILED **9-31 1934 J. R. Houghton Registrar.**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 17, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1, 1934** to **Sept 17, 1934**
I last saw her alive on **Sept 15, 1934** Death is said

to have occurred on the date stated above, at **12:05 p.m.**
The principal cause of death and related causes of importance were as follows:

acute dilatation of heart
920
950
1200
Date of onset **Sept 17/34**

Other contributory causes of importance:
acute valvular disease
Sept 1/34

Name of operation **none** Date of _____
What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

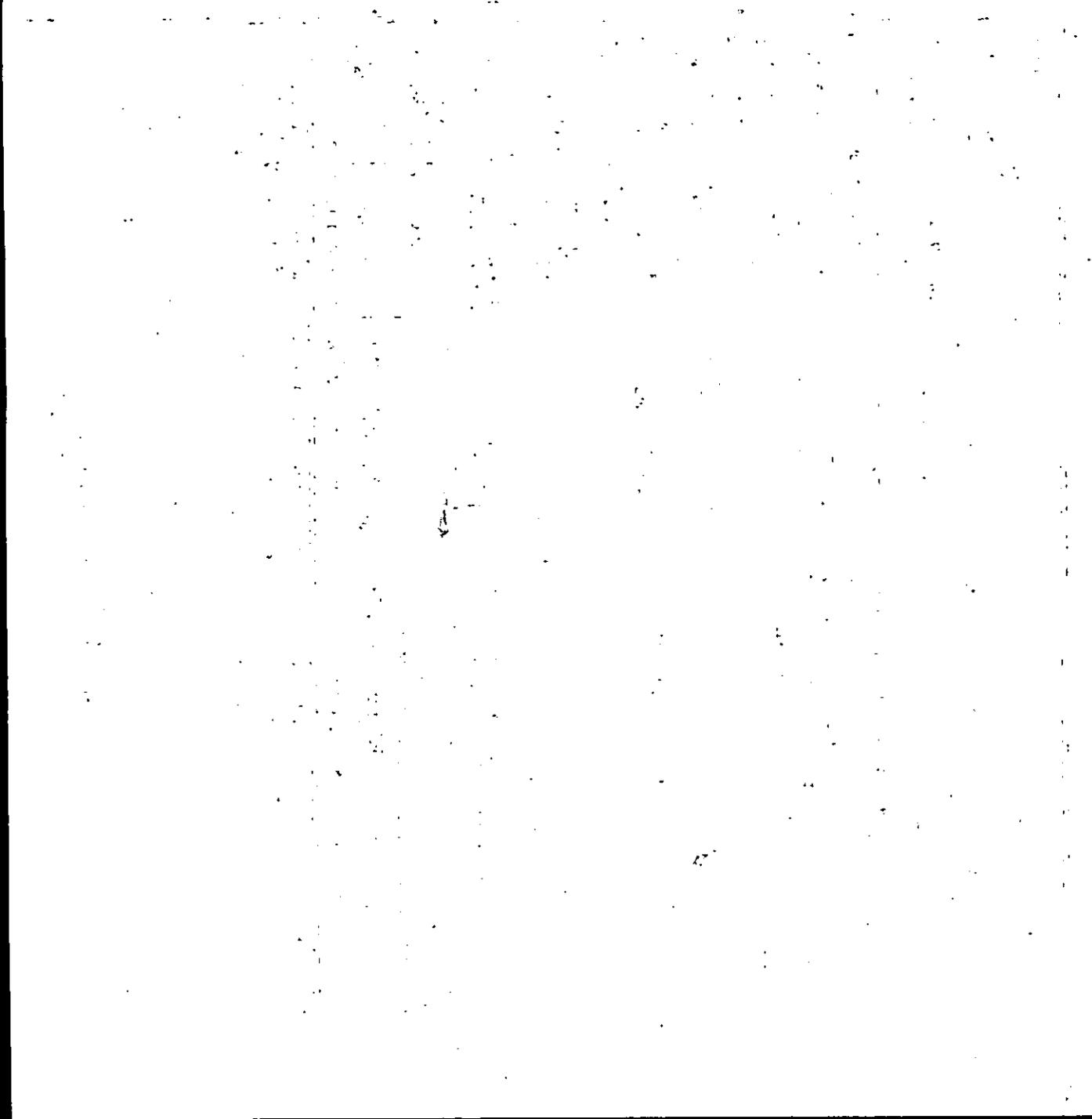
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

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? **No**
If so, specify _____

(Signed) **S. B. Houghton**, M. D.
(Address) **Clinton, Mo.**



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 30.18
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 130
 St. _____ Ward _____

2. FULL NAME

Della F. Weidman

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>3</u>
		DAYS
		<u>4</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE _____ DATE _____ 19____		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>21</u> 19 <u>34</u> <u>J. B. Neupstein</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

acute dilatation of heart probably due to pre-existing chronic myocarditis

Date of onset _____

Other contributory causes of importance: acute ulcerative colitis

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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-32605