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.

DEC 13 1934

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

Do not use this space.

38941

1. PLACE OF DEATH
County: Cooper
Township: ~~Pilot Grove~~
City: Pilot Grove (No. ..... St. ..... Ward)

Registration District No. 222
Primary Registration District No. 4135

File No. 21
Registered No. .....

2. FULL NAME: Elizabeth Louise Weis.

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

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Weis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV-25-1844

7. AGE: Years 90 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): June 5 1930
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): G. Berlin. Germany

FATHER
13. NAME: Bertram Erder.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany

MOTHER
15. MAIDEN NAME: Agnes Helton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany

17. INFORMANT (ADDRESS): Mrs. John Immel Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Joseph Cem. DATE: 11-13-1934

19. UNDERTAKER (ADDRESS): Gipp & Stoecklein Pilot Grove, Mo

20. FILED: Nov. 12, 1934 Mrs. E. B. McCutchen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct., 25, 1934, to Nov., 10, 1934
I last saw her alive on Nov., 9, 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Right Femur	Oct, 22, 34
1848	
1940	
1530	

Other contributory causes of importance:

Decubitus and infection	Oct, 28

Name of operation: Curshman Pin Fixation Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct., 22 1934
Where did injury occur? Pilot Grove (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury: Unknown - from a fall on floor
Nature of injury: Fracture right hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. O. Boley, M. D.
(Address) Pilot Grove, Mo