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.

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

DEC 27 1934

Do not use this space.

40402

File No. 40

Registered No.

1. PLACE OF DEATH

County: Randolph

Township: ~~Longitude~~

City: Higbee Mo. (No. , St. Ward)

Registration District No. 732

Primary Registration District No. 4437

2. FULL NAME: Frieda Weinmeyer

(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 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: Ed Weinmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10 1884

7. AGE: Years 50 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

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): Jefferson City Mo.

FATHER

13. NAME: Fred Schaper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Joseonene Vausvocn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Ed Weinmeyer Hirbee Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson City DATE: Dec 2, 1934

19. UNDERTAKER (ADDRESS): Burton & Lanbier Chitbee Mo.

20. FILED: Dec 2, 1934 [signature] Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934, to November 30, 1934

I last saw he(she) alive on November 30, 1934. Death is said to have occurred on the date stated above, at 1:15 a.m.

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

	Date of onset
Carcinoma of Breast	
Metastasis to Lower Dorsal Vertebra (11th)	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? X-Ray 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) W. W. Dunden D.O. M.D.

(Address) Higbee, Mo.