

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.

2 2 1935

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

Do not use this space.

42802

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township _____ Primary Registration District No. 3019
City Independence, (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4005

2. FULL NAME Norma Dean Augusta Wieligman

(a) Residence, No. 938 So. Liberty 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1934
7. AGE YEARS MONTHS DAYS 1
If LESS than 1 day, . . . hrs. . . min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation W

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.

13. NAME H. H. Wieligman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ella M. Phil King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT H. H. Wieligman
(ADDRESS) 938 So. Liberty

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy Mo. DATE Dec 8 1934

19. UNDERTAKER W. H. Mitchell
(ADDRESS) Independence, Mo.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. or l. Dec 6 1934 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:

158
100%
Loias tumens
Other contributory causes of importance Don't know

Name of operation _____ Date of _____
What test confirmed diagnosis Chinnet as there an autopsy? _____

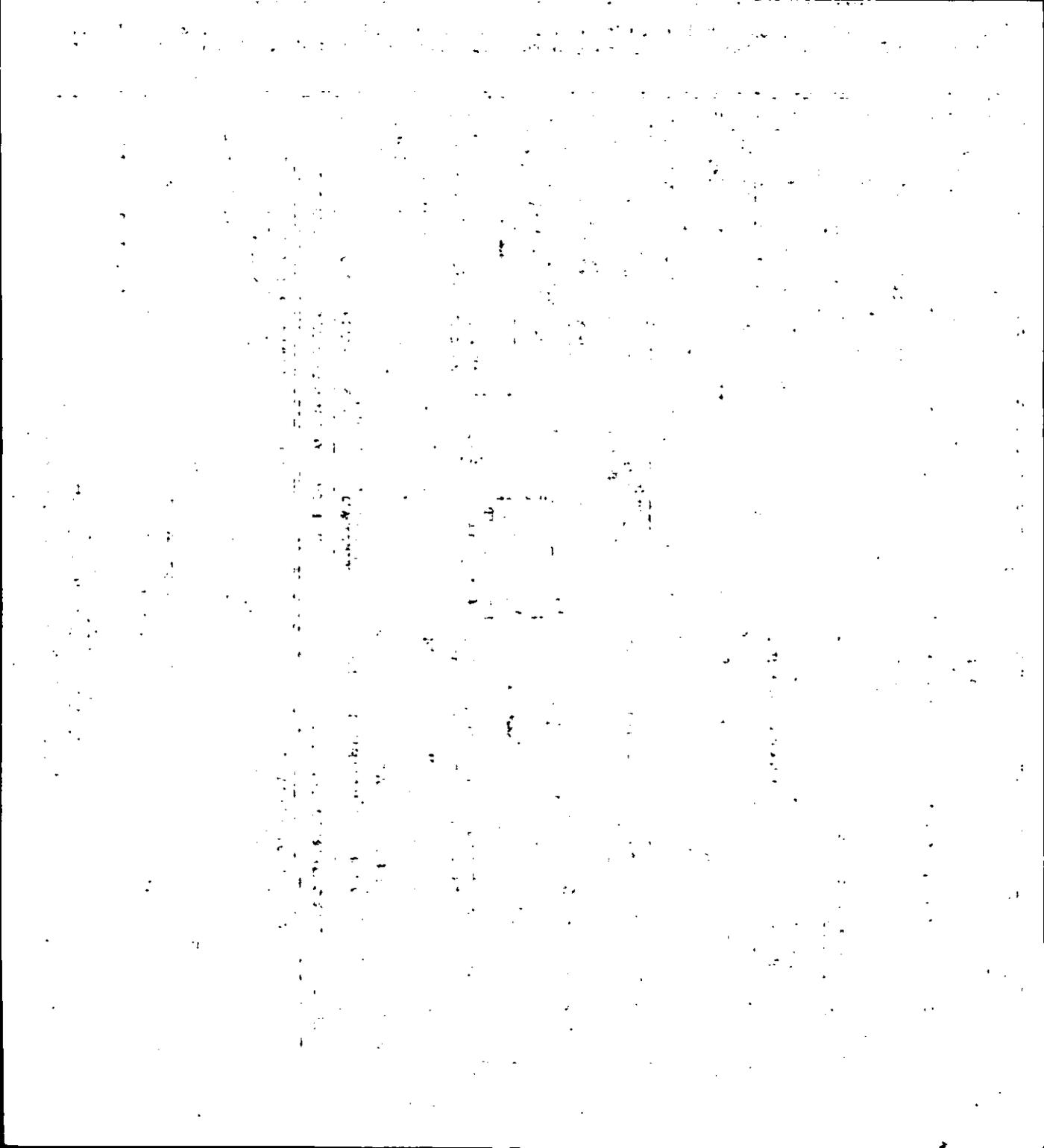
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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) W. H. Mitchell, M. D.
(Address) Independence, Mo.



JAN 3 0 1935