

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

Do not use this space.

MAR 2 1935

43681

1. PLACE OF DEATH

County Morion
Township Morion
City Hannibal (No. _____ St. _____ Ward _____)

Registration District No. 547
Primary Registration District No. 3029

File No. _____
Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Sylvester Buefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1905

7. AGE YEARS 88 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) New Lebanon Mo.

13. NAME Benjamin Weeden

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

15. MAIDEN NAME Katherine Foster

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

17. INFORMANT (ADDRESS) Mrs. E. W. McQuay

18. BURIAL, CREMATION, OR REMOVAL PLACE New Lebanon Mo. DATE Dec 27 1934

19. UNDERTAKER (ADDRESS) Wm. M. Smith Hannibal Mo.

20. FILED Dec 26 1934 E. M. Luke Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Dec 26 1934

I last saw h. and die on Dec 26 1934 Death is said to have occurred on the date stated above, at 1:05 p.m.

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

Coronary disease
acute dilatation stomach
Date of onset about 30 min before death

Other contributory causes of importance: AHB

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.

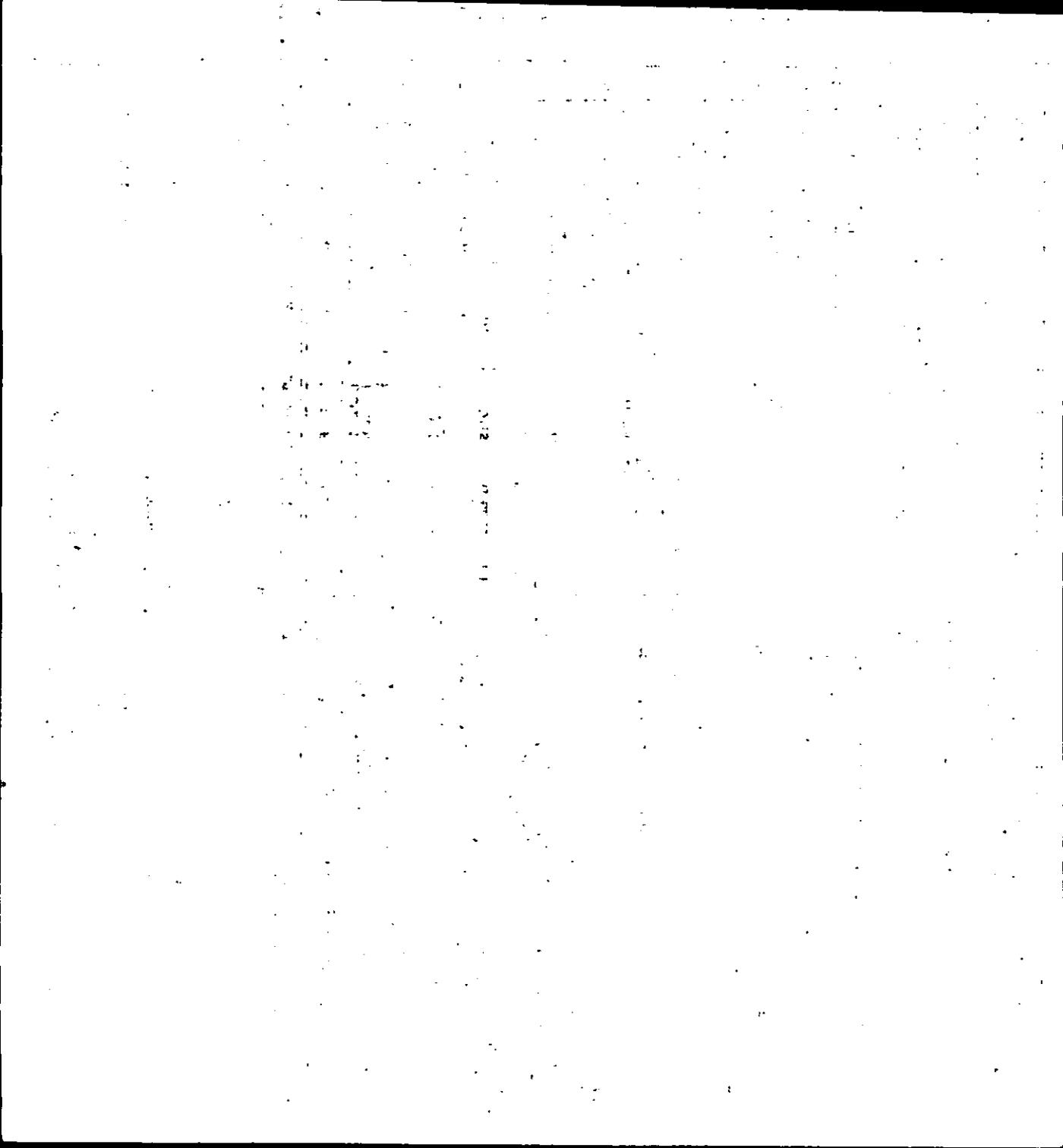
Manner of injury _____

Nature of injury _____

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

(Signed) J. E. Sultzman, M. D.

(Address) Hannibal Mo.



**MISSOURI STATE BOARD OF HEALTH
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Do not use this space.

*Copy
Original lost
in mail*

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township Mason Primary Registration District No. 3029 Registered No. 367
 City X (No. _____) City _____ St. _____ Ward _____

2. FULL NAME Virginia Thomas Burns

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26th, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Sylvester Burns

22. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to Dec. 26th, 1934

I last saw her alive on Dec. 26th, 1934. Death is said to have occurred on the date stated above, at 1:05 A. M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1846

Coronary disease. Acute dilatation stomach

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 7 15

Other contributory causes of importance: _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) New Lebanon, Mo.

13. NAME Benjamin Weeden

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

15. MAIDEN NAME Katherine Foster

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

17. INFORMANT Mrs. E. W. McIntyre
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE New Lebanon, Mo DATE Dec. 27, 1934

19. UNDERTAKER Wm. H. Smith, Hannibal, Mo.
 (ADDRESS)

20. FILED Dec. 26, 1934 R. W. Ishbister
Deputy Registrar

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 _____, 1934
 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) F. E. Sultzman, M. D.
 (Address) Hannibal, Mo.

Exact statement of OCCUPATION is very important.

Handwritten signature: F. E. Sultzman

S-43681