

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

Do not use this space.

1210

FEB 19 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Lead Primary Registration District No. 1002
 City St. Louis (No. 4718 Virginia) St. _____ Ward _____

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

2. FULL NAME

May Jeanette Weed
 (a) Residence, No. 4718 Virginia 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 Fe 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 Albert M. Weed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 23

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

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) N.Y.

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Albert M. Weed
 (ADDRESS) 4718 Virginia, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial park 1-8-1135

19. UNDERTAKER Mrs. C. E. Gardner
 (ADDRESS) 918 Brooklyn, St. Louis

20. FILED Jan 7 1935 M.M. Cerone
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 6th, 35

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to Jan 6, 1935.

I last saw her alive on Dec 10th, 1934. Death is said to have occurred on the date stated above, at 8 A. m.

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

Myocarditis, Chronic 1925
Other contributory causes of importance:
Obstructive Pulmonary Disease 1910

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) E. W. Blushy, M. D.

(Address) 806 Rialto Bldg NE Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Rialto
no 2966

1 pm