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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.

MAR 4 1935

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No. 2730
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 217
City Ballwin Mo (No. Manchester Road St. Ward)

2. FULL NAME Frances Emma Weeks
(a) Residence, No. 5024a Mardell ave St., Ward. St Louis Mo
(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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Martin Weeks.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1870
7. AGE YEARS 64 MONTHS 0 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Arkansas

FATHER
13. NAME J M Prince
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Sarah Sutton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs K. O. Booke 5024a Mardell.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park. DATE Jan 21 1935
19. UNDERTAKER (ADDRESS) Louis H Dopp Kirkwood Mo
20. FILED 1/21 1935 Agnes C. Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 6th, 1935, to Jan. 20, 1935
I last saw her alive on Jan 19, 1935. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Cerebral Hemorrhage	(1) 1934
Hypertension	(2) Jan 6, 1935
Arteriosclerosis	

Other contributory causes of importance: Senility

Name of operation none Date of
What test confirmed diagnosis? Physical 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) B. R. Loring, M. D.
(Address) Ballwin, Mo.