

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

Do not use this space.

16983

JUN 24 1935

1. PLACE OF DEATH

County Lawrence Registration District No. 470  
Township N. ml. Perry Primary Registration District No. 5633  
City          (No.         ) St.          Ward         

File No.           
Registered No. 41

2. FULL NAME Hellie Mae Weavers

(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 W. B. Weavers  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-27-08  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
26 11 5

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) Nebraska, mo.

MOTHER 13. NAME W. B. Mitchell

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

15. MAIDEN NAME Grace A. Pratt

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

17. INFORMANT State San. records

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE May 2 1935

19. UNDERTAKER (ADDRESS) Phyllis + Bennett mt. Perry

20. FILED May 2 1935 J. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1935, to 5/21, 1935

I last saw her alive on 5/1, 1935. Death is said to have occurred on the date stated above, at 7:07 a.m.

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

Subnormal inter pneumonia 15.33  
Date of onset         

Other contributory causes of importance: none

Name of operation none Date of         

What test confirmed diagnosis? Sub. 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) J. B. Stearns, M. D.

(Address) mt. Perry, 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.

