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.

SEP 26 1935

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

Do not use this space.

28530

1. PLACE OF DEATH

109 County Warren — Registration District No. 881 — File No.

Township Bridgeport — Primary Registration District No. 6172 — Registered No. 26

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Olga Theresa Weber

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Joseph Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-18-1897

7. AGE: YEARS 38 | MONTHS 7 | DAYS 9 | 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): 8/26/35
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Case Mo

FATHER

13. NAME: Herman Arnsmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gore Mo

MOTHER

15. MAIDEN NAME: Elizabeth Nolte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gore Mo

17. INFORMANT (ADDRESS): Jos. Weber, Case, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Anthony's Cem Case Mo DATE 8/30 1935

19. UNDERTAKER (ADDRESS): Hugo Blumer, Hermann Mo

20. FILED Aug. 29 1935 A. W. Whiting, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935, to Aug 27, 1935

I last saw her alive on Aug 27, 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

	Date of onset
1. Shock	
2. Problem internal hemorrhage into uterus	
3. Child birth. Child undelivered occupied posterior position	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam 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) Buell Menefee, M. D.

(Address) Montgomery City Mo