

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

Do not use this space.

NOV 25 1935

33285

1. PLACE OF DEATH

County Burlington Registration District No. 505
Township Chillicothe Primary Registration District No. 3026
City Chillicothe (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. Elm St., 2nd 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Weber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-3-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 - 1 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Germany

MOTHER FATHER 13. NAME Frank Fischer

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

15. MAIDEN NAME Mary Weisheher

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

17. INFORMANT (ADDRESS) Mrs Mary Archer Chillicothe mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE Sept-2-1935

19. UNDERTAKER (ADDRESS) Jack D Gordon Chillicothe mo

20. FILED Oct 31 1935 Donald H. Daniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-30-1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 1-1935 to Oct 30-1935
I last saw her alive on Oct 29 1935 Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

interstitial nephritis 3 yrs ago
Other contributory causes of importance: 13!!

Name of operation..... Date of.....
What test confirmed diagnosis urinal 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) Englar, M. D.
(Address) Chillicothe mo

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.

