

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. Isolation Hospital) St. Ward

File No. 18594
Registered No. 678

2. FULL NAME

(a) Residence, No. 2848 Bates St. Ward.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maxhiss Weiland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1854

7. AGE YEARS 82 MONTHS 2 DAYS 22 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Union Pa.

13. NAME Wm Leifer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hellestown Pa.

15. MAIDEN NAME Sophia Keifer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hellestown Pa.

17. INFORMANT (ADDRESS) Joseph Weiland

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebeng MO DATE May 9 1936

19. UNDERTAKER (ADDRESS) Slaney Funeral Home

20. FILED May 8 1936 H. Westbank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936, to May 6 1936
I last saw her alive on May 6 1936 Death is said to have occurred on the date stated above, at 4:30 P. m.

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

Pulmonary I. S. Date of onset P

Other contributory causes of importance:

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) J. M. O'Connell M. D.
(Address) St. Joseph 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.

