

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.

OCT 21 1936

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

Do not use this space.

34302

1. PLACE OF DEATH

County Howell Registration District No. 384  
Township Howell Primary Registration District No. 5535  
City West Plains, Mo. (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Daisy Weber

(a) Residence, No. Gainesville Rt. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Feb. --, 1872

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>	<u>27</u>	<u>--</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housewife.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>own home.</u>
	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) Indiana.

13. NAME Uden

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Joseph Weber.  
(ADDRESS) West Plains, Mo. Gain. Rt.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.  
PLACE West Plains, Mo DATE Sept. 15, 1936

19. UNDERTAKER Hal Shumburgh  
(ADDRESS) West Plains, Mo.

20. FILED 9-15-1936 Vida W. Simons  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-18-1936 to 9-13-1936

I last saw him alive on 9-11-1936 Death is said

to have occurred on the date stated above, at 1:30P.

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

Cerebral hemorrhage

Date of onset 9-6-36

Other contributory causes of importance:

General arteriosclerosis  
Chronic nephritic glomerul.  
Psychosis, arteriosclerotic

June 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? 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) E. Bohrer, M. D.

(Address) West Plains, Mo.

