

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.

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

Do not use this space.  
Dr. J. A. Robertson  
48276  
File No.  
Registered No. 446  
St. Ward)

JUN 20 1936

1. PLACE OF DEATH  
County Greene Registration District No. 3/8  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield Mo. 612 E. Pine St. \_\_\_\_\_ Ward) \_\_\_\_\_  
2. FULL NAME Miss Rosalie Weaver  
(a) Residence, No. 612 E. Pine 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) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Springfield Mo.  
13. NAME C. P. Wequere  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.  
15. MAIDEN NAME Louise Thompson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT (ADDRESS) C. P. Wequere  
Springfield Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hickman Pitkin DATE May 17 36  
near to hospital  
19. UNDERTAKER (ADDRESS) Edna Schreyer  
Springfield Mo.  
20. FILED 5-15- 1936 Dr. Chas. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1936  
22. I HEREBY CERTIFY, That I attended deceased from Steelton, 19\_\_\_\_, to at 6 AM, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 a. m.  
The principal cause of death and related causes of importance were as follows:  
This child had been dead 3 or 4 days before was delivered - still born  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. A. Robertson, M. D.  
(Address) Springfield Mo.

