

APR 8 1937

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

Do not use this space.

9620

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City, Mo.

Registration District No. 399
Secondary Registration District No. 100
(No. Research Hospital)

File No.
Registered No. 1227
St. Ward

2. FULL NAME

Mrs. Viola Weber
(a) Residence, No. Sweet Springs, Mo. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

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 William Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1910
7. AGE YEARS 26 MONTHS 10 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Feb. 18, 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma, Mo.

MOTHER 13. NAME L. F. Francis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle, Mo.

15. MAIDEN NAME Estella Kraenche

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia, Mo.

17. INFORMANT (ADDRESS) L. F. Francis, Alma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs, Mo. DATE March 20, 1937

19. UNDERTAKER (ADDRESS) Jessie Barney, Sweet Springs, Mo.

20. FILED Mar 18 37 M. M. Cronk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937 to March 18, 1937
I last saw her alive on March 18, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Post-Scarlet fever septicaemia Feb. 27

Other contributory causes of importance:

Post diphtheria fever septicaemia Mar. 27
Post diphtheria fever parotitis Mar. 27
Post diphtheria fever toxic myocarditis Mar. 27

Name of operation Date of
What test confirmed diagnosis? th. culture 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) Robert C. Davis, M. D.
(Address) Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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