

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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH

County Jackson
Township Blue
City Kennett - City - MO (No. 2911 Smart)

Registration District No. 398
Primary Registration District No. 5554

File No. 12138
Registered No. 97
St. _____ Ward _____

2. FULL NAME

Louisa Weber

(a) Residence, No. 2911 Smart St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Weber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 18 - 1854</u>		
7. AGE <u>35</u>	YEARS <u>33</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		11. Total time (years) spent in this occupation
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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>Henry Giebel</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Margaret Rose</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mrs. C. H. Dayton 2911 Smart</u>
18. BURIAL, CREMATION, OR REMOVAL. PLACE <u>Mexico - Missouri</u> DATE <u>March - 15 - 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. C. J. Chorley 917 Broadway</u>	
20. FILED <u>3-17-1937</u> <u>F. H. Cook</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 14 - 1937
22. I HEREBY CERTIFY, That I attended deceased from July 28 1937 to Mar 14 1937
I last saw h. alive on Jan 10 1937. Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:
Auricular Fibrillation
Chronic myocarditis

Other contributory causes of importance:
ABC

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?
If so, specify _____
(Signed) Fred Wehler, M. D.
(Address) Super Creek, 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.

10235 Indyp. Ave.

In-1445.

Bunker st

In-1425.

11-october