

JUL 27 1937

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

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C

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 23344
Township 11 Primary Registration District No. 3009 Registered No. 179
City Cape Girardeau (No. S. E. Co Hospital St. 1 Ward)

2. FULL NAME WEBER, MR FRED

(a) Residence, No. COUNTY FARM St. 1 Ward. (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 MALE 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1869

7. AGE YEARS 67 MONTHS 6 DAYS 22 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) June 1937 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attenberg Mo.

13. NAME Harman Weber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Pauline Schroeder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attenberg Mo.

17. INFORMANT Adolph Weber (ADDRESS) Attenberg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville Mo. DATE June 5 - 1937

19. UNDERTAKER Paul & Reimhiller (ADDRESS) Cassville Mo.

20. FILED 6-3-37 J. M. Thompson Registrar (Address) Cape Girardeau, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3rd 1937, to June 3rd 1937

I last saw him alive on June 3, 1937. Death is said to have occurred on the date stated above, at 10:35 a.m.

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

gangrene of foot, surgical shock Date of onset 2 weeks

Other contributory causes of importance: Arterio-sclerosis, Endarteritis

Name of operation amputation of foot Date of 6/3/37

What test confirmed diagnosis? cryptic 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) A. E. Schult M. D.

(Address) Cape Girardeau, 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.

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