We filled out the permit.

OCT 20 1937

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

Do not use this space.

34534

1. PLACE OF DEATH
County: Jasper
Township: Mineral
City: T B Hospital (No. ..., ... St. ... Ward)

Registration District No. 413
Primary Registration District No. 55559 C

File No. ...
Registered No. 51

2. FULL NAME: Minnie Weaver

(a) Residence, No. ... 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. 5 mos. 18 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: Wallace Weaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 21 - 1897

7. AGE: Years 39 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Missouri

FATHER
13. NAME: J. C. Dillinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Mary Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Ruth D

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Earl Junction DATE: Sept 28 1937

19. UNDERTAKER (ADDRESS): Pankey Mortuary

20. FILED: Oct 1 1937 Harry A Weaver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1937, to Sept 26, 1937.
I last saw h... alive on Sept 26, 1937. Death is said to have occurred on the date stated above, at 4:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronaleson in	
Left Pulmonary Abscess	
Pulmonary Tuberculosis	Right
Artificial Pneumothorax	
Other contributory causes of importance: Right	

Name of operation: Pneumothorax Right Date of:
What test confirmed diagnosis? Coughing 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) Jesse E. Dougherty, M. D.
(Address) Webb City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD