

JAN 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Co. Registration District No. 607
Township Portage Primary Registration District No. 4361
City Portageville St. _____ Ward _____

File No. 88-46167
Registered No. 5

2. FULL NAME

Emma Elizabeth Weaver 160
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henry Weaver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-1858
7. AGE YEARS 79 MONTHS 11 DAYS 22
If LESS than 1 day, _____ hrs. or _____ min.
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1938
22. I HEREBY CERTIFY, that I attended deceased from Oct 3, 1937, to Jan. 1, 1938
I last saw h. w. alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 5⁴⁵ p. m.
The principal cause of death and related causes of importance were as follows:

Atherosclerotic Heart Disease
Date of onset 1930?
Terminal Broncho-pneumonia
Date 12-29-37
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Raymond C. Leonard, M. D.
(Address) Portageville, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
13. NAME Major Vincent
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) W H Weaver
Portageville
18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 1-2- 1938
19. UNDERTAKER (ADDRESS) R M Davis
Portageville
20. FILED Jan 10 1938 Mary W. Cook
Registrar.

Exact statement of OCCUPATION is very important. Please certify so that it may be properly classified.

