REC'D MAR 20 1938

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

Do not use this space.

File No. 7373

Registered No. 2

1. PLACE OF DEATH
County Maries
Township Boone
City ..... (No. ..... St. ..... Ward)
Registration District No. 543
Primary Registration District No. 5743

2. FULL NAME Viola Clara Wieberg 162
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1937
7. AGE Years ..... Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Argyle (STATE OR COUNTRY) Maries Missouri

FATHER
13. NAME Herman Henry Wieberg
14. BIRTHPLACE (CITY OR TOWN) Maries (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Tillie Bock
16. BIRTHPLACE (CITY OR TOWN) Osage Co Mo (STATE OR COUNTRY)

17. INFORMANT Henry H Wieberg (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE St Aloysius Cem DATE Feb 23 38
19. UNDERTAKER R H Sheets (ADDRESS) Meta Mo
20. FILED Feb 24 1938 Mrs Rosa Hanson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938, to Feb 21 - 10 P.M., 1938
I last saw her alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Feb 21/38
Broncho-Pneumonia.

Other contributory causes of importance: Measles 7

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

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) H. G. Grenting, M. D.
(Address) Argyle 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.