REC'D MAY 23 1938

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

Do not use this space.

File No. 15349

Registered No. 5

1. PLACE OF DEATH

County: Montgomery

Township: Loutre

City: ..... (No. ..... St. ..... Ward)

Registration District No. 594

Primary Registration District No. 5188 B

2. FULL NAME: Mrs Helen Weibering. 165

(a) Residence, No. ..... Bluffton, Mo. R.F.D. ..... Ward.
(Usual place of abode)

(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: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1860

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	10	29	

OCCUPATION

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

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): Hermann Mo. Gasconade Co.

FATHER

13. NAME: Oscar Monnig.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Race Germany

MOTHER

15. MAIDEN NAME: Amelia Getser,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamburg, Germany.

17. INFORMANT (ADDRESS): Lettie Bowmann Bluffton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Starkenburg, Mo DATE: April 5, 1938

19. UNDERTAKER (ADDRESS): Barton Baker, Americus Mo.

20. FILED: April 5th, 1938 Nana Lee Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to April 2, 1938

I last saw her alive on March 24, 1938. Death is said to have occurred on the date stated above, at 6:30 P m.

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

	Date of onset
1 Chronic Myocarditis c	?
Cerebral Hemorrhage Rh	4-2-38
2 Chronic Nephrosis	?
93C	
Other contributory causes of importance: Bronchial Asthma	?

Name of operation: none Date of: —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) E. J. T. Anderson, M. D.

(Address) 524 Montgomery City, 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.