REC'D JUN 16 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Crawford — Registration District No. 230 — File No. 18131
Township Knobview — Primary Registration District No. 5313 — Registered No.
City ~~Cuba~~ (No. , St. Ward)

2. FULL NAME Mary Ellen Weller
(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. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20th 1865

7. AGE: YEARS 72 — MONTHS 9 — DAYS 14 — 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): Lewis Co. Kentucky

FATHER
13. NAME: Andrew Ash
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Sarah Roe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): carter Co. Kentucky

17. INFORMANT (ADDRESS): Doris B. Mounts, Cuba, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kinders' Cem DATE Jan. 5th 38

19. UNDERTAKER (ADDRESS): Jas. H. Hollow, Cuba, Mo.

20. FILED Feb. 3, 1938 G. G. A. Herzog Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939, to Jan. 2nd, 1938
I last saw her alive on Jan 2nd, 1938. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

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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?
If so, specify
(Signed) H. G. Henderson, M. D.
(Address) Cuba, Mo.

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