

AUG 11 1939

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

25981

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 413
(b) Township MINERAL Primary Registration District No. 5559.c. Registered No. 42
(c) City or ORONOCHO (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 160 Mrs. Cora Elmina Weaver St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 H. A. Weaver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 3 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) St. Clair County
(STATE OR COUNTRY) Missouri

13. NAME Lloyd Wilson

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Russell Parks

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT (NAME) Dr. M. M. Quinn
(ADDRESS) Newman, Calif.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem. DATE July 28, 1939

19. FUNERAL DIRECTOR (NAME) Hedges, Hedges
(ADDRESS) Webb City, Mo.

20. FILED JULY 28, 1939 H. L. Fitcher (Address) Webb City, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to July 26, 1939
I last saw her alive on June 30, 1939. (Death is said to have occurred on the date stated above, at 6:00 p. m.)
The principal cause of death and related causes of importance were as follows:

Respiratory Failure due to
St. Louis Ab. pneumoniae
Date of onset July 23, 1939
St. Louis Ab. pneumoniae
Other contributory causes of importance: Heart Expansion

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) W. J. Quinn, M. D.

RECEIVED

District Health Officer No. 6,

District File Number 839-1529

Date Filed AUG 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

E. W. Hedge, Registered Apprentice No.....
working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 28159

P. O. Address W. H. Petty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.