

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

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

Do not use this space.

38387

1. PLACE OF DEATH

County Cape Girardeau
Township Shawnee
City Shawnee (No. 2)

Registration District No. 129
Primary Registration District No. 5180

File No. _____
Registered No. 17 St. _____ Ward _____

2. FULL NAME

Dorothy Elaine Weber

(a) Residence, No. Cape Girardeau Mo
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Freshman, Mo.

FATHER 13. NAME Paul Weber 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altamont Mo.

MOTHER 15. MAIDEN NAME Emma Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altamont Mo.

17. INFORMANT (ADDRESS) Paul Weber Shawneer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Wells Mo #3 DATE Nov 12-1940

19. UNDERTAKER (ADDRESS) Fred Kalmer 92 New Wells, Mo. 124

20. FILED 11-11-1940 F. J. Schreiner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11th 1940

22. I HEREBY CERTIFY, That I attended deceased from October 24th 1940, to November 11th 1940

I last saw her... alive on November 10th 1940 Death is said to have occurred on the date stated above, at 1:30 A. m.

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

Lobar Pneumonia Date of onset 10/24/40

Other contributory causes of importance: 108

Name of operation None Date of _____

What test confirmed diagnosis? P. Sx Was there an autopsy? No

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) Theodore Fischer M. D. (Address) Altamont Mo.

