

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 10 1934

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

Do not use this space.

20187

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 4 Township _____ Primary Registration District No. 3018
 7 City Clinton mo (No. _____) St. 74 (Ward _____)
 2. FULL NAME Madys Weseey
 (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

MEDICAL CERTIFICATE OF DEATH

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1904
 7. AGE YEARS 30 MONTHS _____ DAY 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
 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) Nebraska
 MOTHER 13. NAME Wm Meyers
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wish mo
 MOTHER 15. MAIDEN NAME Nellie Saunders
 FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 17. INFORMANT Carl Meyers
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6/30 1934
 19. UNDERTAKER Spae & Son
 (ADDRESS) _____
 20. FILED 6-21 1934 J. R. Hampton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1934
 22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to June 18, 1934
 I last saw her alive on June 18, 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic pulmonary tuberculosis Date of onset 1930
 Other contributory causes of importance _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Chemical 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) S. B. Hughes, M. D.
 (Address) Clinton, Mo

