

JUN 2 1 1937

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

Do not use this space.

20152

1. PLACE OF DEATH

County Henry Registration District No. 14  
Township Windsor Primary Registration District No. 12-11  
City Windsor (No. 2) St. Ward

File No. 13  
Registered No. 13

2. FULL NAME Mrs. Julia Weaver Cahill

(a) Residence, No. St. Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Atica (STATE OR COUNTRY) Ohio

13. NAME Marsh Weaver

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

15. MAIDEN NAME unknown

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

17. INFORMANT Less Cahill (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE June 1st 1937

19. UNDERTAKER Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED June 1, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22 1937, to May 30 1937  
I last saw him alive on May 29 1937. Death is said to have occurred on the date stated above, at 12:40 A. M.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset May 22

Other contributory causes of importance: 108

Name of operation: Amputation Date of: No  
What test confirmed diagnosis? Amnial 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) J. J. Jennings, M. D.  
(Address) Windsor

