

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

Do not use this space.

25280

**1. PLACE OF DEATH**

County Montgomery Registration District No. 575  
Township Willow Fork Primary Registration District No. 4339  
City Linton Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Ida May Weyland

(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**

**2 MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. P. Weyland

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1929 to July 11 1929 that I last saw her alive on July 11 1929 and that death occurred, on the date stated above, at 2:00 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2, 1860

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>11</u>	<u>9</u>	

uremia  
1929  
1929  
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) Chronic Intestinal nephritis (duration) 2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Madison County Indiana Ohio  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Thomas J. Wilson

DID AN OPERATION PRECEDE DEATH? No DATE OF July 11 - 29

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Margaret Nogle

WHAT TEST CONFIRMED DIAGNOSIS None  
(Signed) J. B. Norman, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

July 11 1929 (Address) Linton Mo

14. INFORMANT H. P. Weyland  
(Address) Linton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED July 12, 1929 Miss C. E. Fry REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Morris Cemetery DATE OF BURIAL 7/13/1929

20. UNDERTAKER Jewell Co. Richards ADDRESS Linton Mo

1929  
688  
3  
223  
39

