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

Do not use this space.

18273

1. PLACE OF DEATH
County Saline — Registration District No. 797
Township Miami — Primary Registration District No. 6040
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 5

2. FULL NAME Mary Catherine Weaver

(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

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: Ural Bennett Weaver

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 2 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
94	4	29	

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): None
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: William H. Downs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Elena May Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Marshall Mo.

14. INFORMANT: William H. Downs
(Address): Marshall Mo.

15. FILED 5/1, 1930 Frank S. Lee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/1 1930

17. I HEREBY CERTIFY, That I attended deceased from 5/1/30, 19..., to 5/1, 1930, that I last saw h... alive on 5/1, 1930, and that death occurred, on the date stated above, at 8 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolus
Sudden Left Following
Premature Birth (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ... yrs. ... mos. ... ds.
4 1/2 Mos

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Downs, M. D.
5/1, 1930 (Address) Marshall 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ridge Park Cem. — DATE OF BURIAL: May 3 1930
20. UNDERTAKER: R. R. Vandiver — ADDRESS: Marshall Mo.

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.

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