

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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 3001

City St. Joseph

(No. Missouri Methodist Hospital

File No. 22412

Registered No. 750

St. Ward

2. FULL NAME

Norma A. Wehrman

(a) Residence, No. R.F.D.#2. St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 9, 1867		
7. AGE YEARS 66	MONTHS 1	DAYS 18
If LESS than 1 day, .....hrs. or .....min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
	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) Monroe Co. Ohio.  
(STATE OR COUNTRY)

13. NAME Jule Wehrman

14. BIRTHPLACE (CITY OR TOWN) Wheeling, W. Va.  
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca G. Anshutz

16. BIRTHPLACE (CITY OR TOWN) Monroe Co. Ohio.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Rebecca Wehrman  
(ADDRESS) R.F.D.#2. City.

18. BURIAL, CREMATION, OR REMOVAL  
Cremation at  
PLACE Elmwood Cem. Crematory July, 29, 1933  
Kansas City, Mo.

19. UNDERTAKER Walter Meierhoffer  
(ADDRESS) 1302 Paragon St. St. Joseph, Mo.

20. FILED John H. Bender  
28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 27, 1933 .19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to July 27, 1933

I last saw her alive on July 27, 1933 Death is said to have occurred on the date stated above, at 2.10 A.M.

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

Cancer liver  
Primary  
4th  
None found  
Date of onset about Oct. 1932

Other contributory causes of importance:

Name of operation Exploratory Date of May 28, 33

What test confirmed diagnosis? 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) H. S. Cannon, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.

