

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

Do not use this space.

9935

1. PLACE OF DEATH

County Terry
Township Wingfield Home
City (No.) St. Ward

Registration District No. 659
Primary Registration District No. 5876

File No.
Registered No. 5

2. FULL NAME

Esther Louise Weirich

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 - 1904

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>29</u>	<u>5</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cape County Mo
(STATE OR COUNTRY)

13. NAME John Weirich

14. BIRTHPLACE (CITY OR TOWN) Terry County Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Emma Bingenheimer

16. BIRTHPLACE (CITY OR TOWN) Cape County Mo
(STATE OR COUNTRY)

17. INFORMANT John Weirich
(ADDRESS) Terryville Mo Route 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Longtown Cem. DATE March 27 1934

19. UNDERTAKER Young & Fenwick
(ADDRESS) Terryville Mo

20. FILED March 26 1934 Martin Moeckel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2th 1934 to March 24th 1934

I last saw him alive on March 24th 1934. Death is said to have occurred on the date stated above, at 1:40 P.m.

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

Tubercular Meningitis Date of onset 3-16-34
Influenza 3-2-34

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

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?

If so, specify Dr. L. L. Felty, M. D.
(Signed) Terryville Mo.
(Address)

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.

1934

OCCUPATION
FATHER
MOTHER

