

MAR 23 1936

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

Do not use this space.

5258

1. PLACE OF DEATH

County DeKalb Registration District No. 258 File No. _____
Township Sherman Primary Registration District No. 5361- Registered No. 2
City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME Maggie Weese

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Weese</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 1871</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>0</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>			
	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) (STATE OR COUNTRY) <u>DeKalb Co</u>				
FATHER	13. NAME <u>Fredrick Marker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>			
MOTHER	15. MAIDEN NAME <u>Caroline Clark</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Frank Weese</u> (ADDRESS) <u>Amity Co.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLAC <u>Union Chapel</u> DATE <u>2/19-36</u> 19__				
19. UNDERTAKER <u>U. G. Pilcher</u> (ADDRESS) <u>Laysville Mo.</u>				
20. FILED <u>2/20</u> 1936 <u>Mrs C. A. Davis</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16-36 19__

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1935 to Feb. 16, 1936
I last saw him alive on Feb. 15, 1936 Death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:
Embolism

Other contributory causes of importance:
Carcinoma stomach

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 _____, 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? _____
If so, specify _____ M. D.
(Address) Wayfield, Mo.

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.

