

MAY 19 1930

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

Do not use this space.

14551

1. PLACE OF DEATH

County Clinton
Township
City Cameron

Registration District No. 2104
Primary Registration District No. 3013

File No.
Registered No. 14 St. Ward

2. FULL NAME

Jessie La Follette Weenders

(a) Residence No. St. Ward. (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 Albert Weenders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 | 5 | 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Buchanan Co. Mo.

MOTHER FATHER
13. NAME Jeremiah La Follette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah Parrish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Albert Weenders (ADDRESS) Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland Cem DATE Apr 7 1930

19. UNDERTAKER J W Poland (ADDRESS) Cameron Mo

20. FILED Apr 6 1930 D W Kibley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 1930
22. I HEREBY CERTIFY THAT Jessie La Follette Weenders attended deceased from April 3, 1930 to April 5, 1930
I last saw her alive on April 5, 1930 Death is said to have occurred on the date stated above, at 5 15 PM m.

The principal cause of death and related causes of importance were as follows:
Influenza
Date of onset
Other contributory causes of importance

Name of operation Date of
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?
If so, specify
(Signed) J W Poland, M. D.
(Address) Cameron 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.

