

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

Do not use this space.

JUN 12 1937

399

18959

1. PLACE OF DEATH

County Jackson
Township New
City N. C. Mo

Registration District No. 1002
Primary Registration District No. 301 Cypress

File No. _____
Registered No. 2173
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 301 Cypress 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 ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-9-56

7. AGE YEARS 81 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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) Penn.

13. NAME Charles Weiss

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Leo Vogan
(ADDRESS) 301 Cypress, Arnold

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal DATE May-10-37

19. UNDERTAKER Mrs. E. F. Farster
(ADDRESS) 918 Broadway, W. Va.

20. FILED May 10 37 M. M. Crowe, Esq.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 7 1937

22. I HEREBY CERTIFY That I attended deceased from May 1 1937, to May 7 1937

I last saw her alive on May 7 1937. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Cardiac Hemorrhage 6-7-37
82a1
Other contributory causes of importance: arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 2

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Chas. H. Luck, M. D.
(Address) 2608 Ludlow

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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Water will be by
and signed Certificate.