REC'D FEB 24 1939

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

2776
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson — Registration District No. 431
(b) Township Hazel Hill — Primary Registration District No. 5591 — Registered No. 1
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 11-0 Margaret E. Weber
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 John E. Weber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-20-1863
7. AGE: YEARS 75 — MONTHS 3 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as 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) Ray Co Mo

FATHER
13. NAME John Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

MOTHER
15. MAIDEN NAME Mary Searcy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT (ADDRESS) Mrs Nora M. Carter Warrensburg
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kegah — DATE Jan-7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips Warrensburg, Mo.
20. FILED Jan 6 1939 Eva Gentry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1938, to Jan 5th, 1939
I last saw her alive on Jan 6th, 1939. Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain haemorrhage	Jan 4th '39
[illegible]	

Other contributory causes of importance: Senility Tactus Sclerosis

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 .....
(Signed) O B Hall, M. D.
(Address) Warrensburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
District File Number 21/3/32
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.