

REC'D MAR 15 1939

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

7278  
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 577 4354  
 (b) Township \_\_\_\_\_ Primary Registration District No. 5792  
 (c) City Barnett (d) Street No. \_\_\_\_\_ St.  
 (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 Jennie May Weldin

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry B. Weldin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2 1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 6 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Missouri

FATHER 13. NAME H. Skilman

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

MOTHER 15. MAIDEN NAME Lucy Weldon

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

17. INFORMANT W. B. Wright (ADDRESS) Barnett, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE 3-4-1939

19. FUNERAL DIRECTOR (NAME) Phillips Funeral Home (ADDRESS) Eldon, Missouri

20. FILED 319 1939 H. P. Pulliam Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-1939  
 22. I HEREBY CERTIFY, That I attended deceased from 2/4 1939, to 2/28 1939  
 I last saw her alive on 2/4 1939 Death is said to have occurred on the date stated above, at 6:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach  
 Other contributory causes of importance: Hb

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chimic 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) A. D. Walker, M. D.  
Eldon Mo (Address) 577

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state cause of information should be carefully supplied. AGE should be stated EXACTLY.

MAR 6 1939

RECEIVED

District Health Officer N

District File Number 7-39-

Date Filed 3-14-39

STATEMENT BY LICENSED EMBALMER

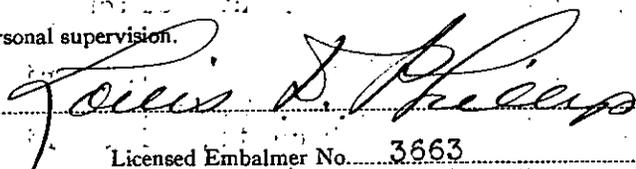
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Louis D. Phillips

or by .....

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

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon, Missouri

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

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