

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

Do not use this space.

25537

14

1. PLACE OF DEATH
 73 County Newton Registration District No. 608
 Township Benton Primary Registration District No. 6264
 City Stella (No. _____) St. _____ Ward _____

2. FULL NAME Nellie Edna Weaver

(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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Burl Weaver 1911		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9-1912		
7. AGE YEARS 21	MONTHS 5	DAYS 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) Golden (STATE OR COUNTRY) Mo.		
13. NAME Uriah Davis		
14. BIRTHPLACE (CITY OR TOWN) D. K. (STATE OR COUNTRY) 31		
15. MAIDEN NAME Rhodena Lemaster 47		
16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 1		
17. INFORMANT Rhodena Lemaster Davis (ADDRESS) Golden, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 7/28 19 <u>32</u>		
19. UNDERTAKER Barr and Blankenship (ADDRESS) Exeter, Mo.		
20. FILED Aug 12 1932 L. N. Parnell Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-26-1932 to 7-26-1932
 I last saw him alive on 7-26-1932 Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus (?) Date of onset _____

Other contributory causes of importance:
48

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) Chas. J. [Signature], M. D.
 (Address) Stella, Mo.

NC B—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Statement of OCCUPATION is very important.

AUG 25 1932

