

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. NOV 25 1932

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

Do not use this space.

32957

**1. PLACE OF DEATH**

County Moniteau Registration District No. 572  
 Township Williamstown Primary Registration District No. 4339  
 City Tipton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Frances Wea

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. ~~MARRIED, WIDOWED, OR DIVORCED~~  
~~HUSBAND OF~~ (OR) WIFE OF Josh Wea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 10, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	79	0	3	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At Home</u>
	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) Kentucky

FATHER 13. NAME David Miller

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Charlotte Crittenden

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Ernest Wright  
 (ADDRESS) Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Tipton, Mo DATE Oct, 16, 1932

19. UNDERTAKER Jessie E. Richards  
 (ADDRESS) Tipton, Mo

20. FILED 10-14-32 Mrs. Sarah J. [unclear]  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October, 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to Oct 13, 1932  
 I last saw him alive on Oct 13, 1932 Death is said to have occurred on the date stated above, at 5:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Myo. Carditis - Chronic Date of onset \_\_\_\_\_  
930  
 Other contributory causes of importance: \_\_\_\_\_

23. 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) J. B. Norman, M. D.  
 (Address) Tipton Mo

