

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.

DEC 22 1930

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

Do not use this space.

35797

1. PLACE OF DEATH
County Franklin Registration District No. 297
Township Washington Primary Registration District No. 3016
City Washington (No.) St. Ward)

File No.
Registered No. 103

2. FULL NAME Stella W Weaver
(a) Residence. No. 218 Jefferson Street Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 23 years 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J W Weaver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6th 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 2 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Housework
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elston, Cole Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER David C Payne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Peggy Ann White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT J W Weaver
(Address) 218 Jefferson Street

15. FILED Nov 10 30 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1927, to Nov 9, 1930, that I last saw her alive on Nov 5, 1930, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Goitre (Thyroid)
82 lb
6'6"
(duration) 3 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Maupin M. D.
Nov 9, 1930 (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centertown Missouri DATE OF BURIAL Nov 12th 1930

20. UNDERTAKER Otto & Co by Geo H Otto ADDRESS Washington Mo

