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

Do not use this space.

40162

File No. 9

Registered No. 7

1. PLACE OF DEATH

County Buchanan Registration District No. 82

Township Marion Primary Registration District No. 5723

City (No. Easton, MO. Route 2 St. Ward)

2. FULL NAME Lola Anna Weidmaier

(a) Residence, No. Easton, Mo. Route 2 St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 19 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13. 1925.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
6	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Buchanan County, Missouri.

FATHER

13. NAME Adolph A Weidmaier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri.

MOTHER

15. MAIDEN NAME Agnes M Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri.

17. INFORMANT (ADDRESS) Adolph A Weidmaier, Easton, MO. Route 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hurlinger Cemt DATE Dec. 23 1931

19. UNDERTAKER H. O. Siebenfacher
(ADDRESS) 1802 Union Street St. Joseph, MO.

20. FILED 1/11 1932 [illegible] Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December. 21. 1931.

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1931, to December 21, 1931

I last saw her alive on December 21, 1931. Death is said to have occurred on the date stated above, at 6/15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Kidney	
593	

Other contributory causes of importance:

Name of operation Nephrectomy Date of 2-4-1930

What test confirmed diagnosis? Operation 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?

If so, specify

(Signed) W. H. Littler, M. D.

(Address) Clarksdale, Mo.