

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of Health

Certificate of Death

Registration No.

M-4 B20

City Allen (If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Johanna May Weir(a) Residence, No. St. Ward (If non-resident, 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 foreign born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a. If married, widowed, or divorced (HUSBAND or WIFE of) Arch Weir6 DATE OF BIRTH (Month, day and year.) Oct 13 18607 AGE Years 50 Months 4 Days — 8 LEWIS Sex — 1 day — yr. — mo. — ds.9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer10 BIRTHPLACE (city or town) (State or country) New York State11 NAME OF FATHER John Mathis12 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y. State13 MAIDEN NAME OF MOTHER John Smith14 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y. State15 Informant Arch O. Weir(Address) Allen, Mass.16 File # Feb 18 1920 Allen

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 13 192017 I HEREBY CERTIFY, That I attended deceased from — 1920 to Feb 13 1920that I last saw her alive on Feb 13 1920 and that death occurred on the date stated above at 4 p.m.The CAUSE OF DEATH^a was as follows:
Valvular heart disease
resulting in edema
of the lungs. 79
(duration) 30 yrs. — —CONTRIBUTORY (Secondary) injury
(duration) — — —18 Where was disease contracted (if not at place of death) — Did an operation precede death? No Date of —Was there anastomosis? NoWhat test confirmed diagnosis? —(Signed) Henry W. Whitman, M.D.Feb 16 1920 Quincy, Mass.^aSpecify the Disease Causing Death or include how Venereal Disease, syphilis (1) should be reported, and if number Accidents, Injuries, or Burns caused. See reverse side for further instructions.)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Allen Cemetery Feb 14 192020 UNDERTAKER Best & Ford Allen, Mass.