

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

Do not use this space.

2858

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No.) St. Ward)

File No.
Registered No. 3
St. Ward)

2. FULL NAME Roselena Weitzert

(a) Residence. No. 2nd & Henry St. 1st Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 9 3

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

9. BIRTHPLACE (CITY OR TOWN) Pettis Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Weitzert

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

12. MAIDEN NAME OF MOTHER Ruth Mae Bohling

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

14. INFORMANT John Weitzert
(Address) Sedalia Mo

15. FILED 1-8-29 Jes. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1st 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 30 1928 to Dec 30 1928 that I last saw h. er alive on Dec 31 1928 and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abcess on tonsillar region
General Septicemia
(duration) yrs. mos. ds. 14

CONTRIBUTORY (SECONDARY) 10902
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED No
IF NOT AT PLACE OF DEATH. No

19. DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) Wm F. Logan M. D.
, 19 (Address) 213 N Sedalia 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 Flat Creek Cem Pettis Co DATE OF BURIAL 1/2 1929

20. UNDERTAKER W. Langley ADDRESS Sedalia

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.

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Wm F. Logan

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