

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

Do not use this space.

4950

**1. PLACE OF DEATH**

County Schuylker  
Township Cherokee  
City..... (No.....) Sl..... Ward.....

Registration District No. 807  
Primary Registration District No. 6052

File No.....  
Registered No. 2  
Sl..... Ward.....

**2. FULL NAME** Warren R. Weldon

(a) Residence No. .... St. .... Ward.....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May 2 Weldon</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 21, 1854</u>		
7. AGE <u>74</u>	YEARS <u>2</u>	MONTHS <u>20</u>
	DAY	IF LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)** Monticello Mo  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Jas L Weldon

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

**12. MAIDEN NAME OF MOTHER** Eliza Ann Park

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

**14. INFORMANT** Mrs W. R. Weldon  
(Address) Coatsville Mo

**15. FILED** 2-11-1929 Clarengue  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 1-19 1929

**17.** I HEREBY CERTIFY, That I attended deceased from Jan 19 1929 to Jan 29 1929 that I last saw him alive on Jan 28 1929, and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
arteriosclerosis

910 (duration) 3 yrs. .... mos. .... ds.

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

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH?.....

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF.....

**20. WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) D. V. Hart, M. D.  
, 19 (Address) Coatsville 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** Pleasant Grove Cem **DATE OF BURIAL** Jan 20 1929

**20. UNDERTAKER** John A Roberts **ADDRESS** Lancaster

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.

MAR 27 1929

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