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

Do not use this space.

11818

1. PLACE OF DEATH
County Pettis Registration District No. 668 File No.
Township Primary Registration District No. 3032 Registered No. 93
City Sedalia (No.) General Hospital St. (Ward)

2. FULL NAME John E. Wiest
(a) Residence. No. 17th & Marshall St., 3 Ward.
(Usual place of abode) (If nonresident 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 of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (or) ~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23	0	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter R R Shops
(b) General nature of industry, business, or establishment in which employed (or employer) Car repairing
(c) Name of employer Mo Pac R R Co

9. BIRTHPLACE (CITY OR TOWN) Stover Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles A Wiest
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Millersburg
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Bertha V Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stover
(STATE OR COUNTRY) Missouri

14. INFORMANT Charles A Wiest
(Address) Stover Mo

15. FILED 3-11, 1929 J G Lee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1929

17. I HEREBY CERTIFY, That I attended ~~deceased from~~ from March 9, 1929
that I last saw h... alive on ..., 19..., and that
death occurred, on the date stated above, at 11 15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrage
Apoplexy
(duration) yrs. mos. 12 ds. hrs.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) W J Bishop Coroner M D
Mar 9, 1929 (Address) 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	DATE OF BURIAL
Stover Mo	3/12 1929
20. UNDERTAKER McLaughlin	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.