

PR 30 1929

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

Do not use this space.

11895

1. PLACE OF DEATH

County Platte

Registration District No. 698

Township Weston

Primary Registration District No. 5926

City (No. ....) St. .... Ward. ....

File No. ....

Registered No. ....

St. .... Ward) ....

2. FULL NAME

Lehas Ray Audelson

(a) Residence. No. ....

St. ....

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

July 7 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

1

8

24

8. OCCUPATION OF DECEASED

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

at home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Platte Co

10. NAME OF FATHER

Herbert Audelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Ruby Audelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

14.

INFORMANT

(Address)

Herbert Audelson  
Weston Mo

15.

FILED

3/31/29

J. B. Brier

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar - 31 - 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Mar 26, 1929, to Mar - 31 - 1929  
that I last saw h. Mar 30, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumonia  
107A/000A

CONTRIBUTORY (SECONDARY)

undetermined

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

No

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed)

Lewis C. Calvert, M. D.

4/1/29 (Address)

Weston, 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

Graceland

Apr 1 1929

20. UNDERTAKER

J. B. Brier

ADDRESS

Weston Mo

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.

