

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

Do not use this space.

12532

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City B. Linn (In Mo. Pacific Hoop) St. Pittsburg (Ward) 3056

2. FULL NAME

Grace Weeks
 (a) Residence. No. 1221 1/2 St. 17 Ward. Pittsburg Kansas
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-18-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 year | 11 | 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman
 (b) General nature of industry, business, or establishment in which employed (or employer) Railroad
 (c) Name of employer Mo. Pac. Ry.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Thomas Weeks

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

12. MAIDEN NAME OF MOTHER Charlotte Still

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

14. INFORMANT (Address) Dr. J.A. Meredith
Mo. Pac. Hospital, 57th St. Linn Pittsburg, Kansas

15. FILED NOV 11 1929 REGISTRAR Wm. C. Parkey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9-29 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-24-29, 1929, to 3-9-29, 1929, that I last saw him alive on 3-9-29, 1929, and that death occurred, on the date stated above, at 6:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
131 Myocarditis Chronic
930

CONTRIBUTORY (SECONDARY) 107A Nephritis chronic interstitial

18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH 129
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? N.P.X. etc
 (Signed) J.A. Meredith M. D.
 (Address) Mo. Pac. Hospital

*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
Pittsburg, Kansas 3-11-1929

20. UNDERTAKER ADDRESS
Beets Bros 2029 Laf.

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.

123
2
2
10

