

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

Do not use this space.

17162

**1. PLACE OF DEATH**

County Merion  
Township  
City Buck Hall Mo (No. 4020)

Registration District No. 27  
Primary Registration District No. 2755

File No. 5  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Henry Wehber

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-6-1948

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>80</u>	<u>5</u>	<u>4</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(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) Germany

10. NAME OF FATHER August Wehber

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Green Weber  
(Address) Buxton City Mo

15. FILED May 15 1929 A E Bennett REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1929

17. I HEREBY CERTIFY, That I attended deceased from May 10 1929 to May 10 1929 that I last saw him alive on May 10 1929 and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Atherosclerosis

CONTRIBUTORY (SECONDARY) Smoking (duration) 1 yrs. 4 mos. 0 ds.

(duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Get Place of Death

DID AN OPERATION PRECEDE DEATH? no DATE OF 5

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical signs  
(Signed) A E Bennett M. D.  
(Address) Buxton City 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 Buxton City Mo Cem DATE OF BURIAL 5-12-1929

20. UNDERTAKER H A Pecht & Sons ADDRESS Merion 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.

PARENTS WITH CHANGING NAMES THIS IS A PERMANENT RECORD

