

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 412)

Registration District No. 665
Primary Registration District No. 3032

File No. 28563
Registered No. 244
St. 1 Ward 1

2. FULL NAME

(a) Residence. No. Harry F. Weigand St. 1 Ward 1
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1897

7. AGE YEARS 32 MONTHS 1 DAYS 15 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER Henry Weigand

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

12. MAIDEN NAME OF MOTHER Emma Schellberg

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

14. INFORMANT Mrs. H. F. Weigand
(Address) Sedalia

15. FILED 8-19-29 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 19 29

17. I HEREBY CERTIFY, That I attended deceased from found body, 19 29, to 19, that I last saw him alive, 19 29, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cardiac embolism

CONTRIBUTORY (SECONDARY)

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?

(Signed) W. S. Bishop, M. D.

, 19 29 (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

Sedalia Mo Aug 17 1929

20. UNDERTAKER Illerup 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. WRITE WITH CARE AND INK—THIS IS A PERMANENT RECORD.

DEC 3 1948