

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

Do not use this space.

30847

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 30847
 Township Kear Primary Registration District No. 1002 Registered No. 30811
 City Kansas City (No. Kansas City Genl Hosp St. _____ Ward)

2. FULL NAME William Weston

(a) Residence. No. 551 1/2 College St. 16 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. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-10-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	47	9	2		

8. OCCUPATION OF DECEASED 930
 (a) Trade, profession, or particular kind of work Teamster 115A
 (b) General nature of industry, business, or establishment in which employed (or employer) 82
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cedar Rapids
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER George Weston

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

12. MAIDEN NAME OF MOTHER Elig. H. Hopper

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

14. INFORMANT Reena Clark
 (Address) Mc C. Genl Hosp.

15. FILED 9/13, 1929 M. M. Keroue
 REGISTRAR ass

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-12 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-11, 1929 to 9-12, 1929 that I last saw her alive on 9-12, 1929 and that death occurred, on the date stated above, at 5:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Edema of Brain
ulceration of sube
Palate

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY myocardial degen.
 (SECONDARY) eration (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Gen Find + autopsy
 (Signed) P. B. Williams, M. D.
9-12, 1929 (Address) Subt Mc C. Genl Hosp.

*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 9-14-29

20. UNDERTAKER Mrs. C. L. Lortan ADDRESS Mc C. Mo.

N. B.—Every item of information should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

104
2
2
8

