

APR 30 1930

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

Do not use this space.

8520

1. PLACE OF DEATH

County Howell
Township
City Wright Plains, Mo

Registration District No. 384
Primary Registration District No. 4227

File No. 31
Registered No.
St. _____ Ward)

2. FULL NAME

Arew Weeks

(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 ma 4. COLOR OR RACE wh 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) Oct 13 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 - 5

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) Wright Plains, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ed Weeks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wright Plains, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Orla Whitaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wright Plains, Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Ed Weeks
(Address) Wright Plains, Mo #2

15. FILED 3-24-30 ORA SKINNER
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/20 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Mon 1930 to Mon 20 1930 that I last saw him alive on Mon 19 1930 and that death occurred, on the date stated above, at 9:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
L.T.H.

(duration) 18 yrs. 11 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chest

(Signed) P. D. Gunn M. D.
Address Wright Plains, 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

Barnett 3/22 1930

20. UNDERTAKER ADDRESS

McFarland Wright Plains, 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.

