

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

Do not use this space.

11640

1. PLACE OF DEATH

County Benton
Township Williams
City Cole Camp (No.)

Registration District No. 59
Primary Registration District No. 4034

File No.
Registered No. 7
Sl. Ward)

2. FULL NAME Jacob F Weymuth

(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 1 mos. 23 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 Male 4. COLOR OR RACE White 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) 2-14-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 1 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer Buehler Grocer Co

9. BIRTHPLACE (CITY OR TOWN) Cole Camp
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Weymuth

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

12. MAIDEN NAME OF MOTHER Katie Brandt

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

14. INFORMANT Mrs Henry Weymuth
(Address) Cole Camp Mo

15. FILED 5-1-30 Harry Bay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-7-1930 19

17. I HEREBY CERTIFY That I attended deceased from May 1st 1929 to April 7, 1930 that I last saw him alive on April 7, 1930 and that death occurred, on the date stated above, at 12:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic glomerulo-nephritis with Arterio-sclerotic process.
131 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 97 ✓
1290 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry Bay M. D.
4-8, 1930 (Address) Cole Camp 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 Trinity Lutheran Cem. DATE OF BURIAL 4-10-30, 19

20. UNDERTAKER E L Eckhoff ADDRESS Cole Camp 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.

1930

PARENTS

