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.

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

Do not use this space.

File No. 16878

Registered No. 7

1. PLACE OF DEATH

County: McDonough — Registration District No. 617

Township: Grant — Primary Registration District No. 4368

City: Barnard (No. ..... St. ..... Ward)

2. FULL NAME Wm Henry Wehr

(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 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E Van Tossan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	23	

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) Penn.

PARENTS

10. NAME OF FATHER Israel Wehr

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

12. MAIDEN NAME OF MOTHER Clara Eidelman

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

14. INFORMANT Mrs. Wm Henry Wehr
(Address) Barnard, Mo.

15. FILED 5/8 1930 Chas. D Humbard M.D. REGISTRAR
6/4-30 - E. P. Fryer M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1929, to May 6 1930 that I last saw h... alive on May 6 1930, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Gall Stones
Gall Bladder (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Coronary Sclerosis (duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) D. C. Pickard, M. D
5/8 1930 (Address) Barnard 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 Barnard Mo — DATE OF BURIAL May 8 1930

20. UNDERTAKER W D Campbell — ADDRESS Barnard Mo