

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

8513

**1. PLACE OF DEATH**

County Sullivan  
Township P.O.M.  
City Miller (No. ....)

Registration District No. 852  
Primary Registration District No. 6120

File No. ....  
Registered No. 4  
St. .... Ward)

**2. FULL NAME**

(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 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 Junia Weston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
78 6 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. 821? Harms  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Osmond  
(STATE OR COUNTRY) Sullivan Co Mo

10. NAME OF FATHER Johnathan Weston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Jones

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

14. INFORMANT Roy Carver  
(Address) J Osgood, Mo.

15. FILED 9-21 1931 Bert McClary  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1931  
17. I HEREBY CERTIFY, That deceased died  
died during night 19... 19...  
that I last saw him alive 19... and that death occurred, on the date stated above, at about 4:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apparently from apoplexy,  
from statement of friends  
there is a history of two  
miss or stroke (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) I did not see him during this attack (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. S. Montgomery M. D.  
Feb. 19 1931 (Address) Miller Mo. Physician

\*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 Camp Ground, near Miller Mo. DATE OF BURIAL 2/20 1931

20. UNDERTAKER C. A. Schoene ADDRESS Miller Mo.

WRITE PLAINLY, WITH UNFADING INK. 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.

MAR 17 1931

