

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

Do not use this space.

24187

1. PLACE OF DEATH

County Bollinger
Township West
City _____ (No. _____)

Registration District No. 67
Primary Registration District No. 0704

File No. _____
Registered No. 14
St. _____ Ward)

2. FULL NAME

John Marshall Weldon

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 28 - 1931</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(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) Bollinger Co.

PARENTS

10. NAME OF FATHER Grady K. Weldon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) South Carolina
12. MAIDEN NAME OF MOTHER Rachel May Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sikestorey Mo.

14.

INFORMANT Grady K. Weldon
(Address) Whitewater Mo

15.

FILED July 18 1931 C. Q. Sander

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1931

17. I HEREBY CERTIFY, That I attended deceased from June 28 1931 to July 4 1931
that I last saw him alive on July 14 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Doecal impaction
1213 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) J. M. Phiney M. D.

, 19 (Address) Caplin 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

Barks Chapple

DATE OF BURIAL

July 5 1931

20. UNDERTAKER

G. Anger

ADDRESS

Lopold Mo

AUG 24 1931

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.

