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

Do not use this space.

File No. 32012

Registered No. 6

1. PLACE OF DEATH
County: Usage
Township: Washington
City: Richfountain, Mo (No. ..., ... St. ... Ward)

Registration District No. 975
Primary Registration District No. 3851-B

2. FULL NAME: Marton Ola Weed
(a) Residence. No. Richfountain, Mo. St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

OCT 24 1931

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: Anetta Weed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4, 1871

7. AGE: Years 60 | Months 2 | Days 14 | If less than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): Hauling paper
(c) Name of employer: Big 4 Transfer Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Topeka, Kansas

PARENTS
10. NAME OF FATHER: William Weed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not known

14. INFORMANT: Dennis J. Weed
(Address): Richfountain, Mo.

15. FILED 9-16 1931 Alphonse Fick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 16-1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5th. 1931, to Sept. 16, 1931, that I last saw him alive on Sept. 16, 1931, and that death occurred, on the date stated above, at 1:15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Prostate Gland

510
103B

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Hemorrhage (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Richfountain, Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) A. H. Bax M.D.
9-16, 1931 (Address) Freeburg, 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: Richfountain Catholic Cemetery
DATE OF BURIAL: Sept. 17 1931

20. UNDERTAKER: Neighbors
ADDRESS: Richfountain Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.