

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.

38063

1. PLACE OF DEATH

County Jefferson
 Township Waller
 City Weslaco Mo. (No. _____)

Registration District No. 420
 Primary Registration District No. 3722

File No. _____
 Registered No. 92
 St. _____ Ward _____

2. FULL NAME

George William Ames
 (a) Residence, No. 908 S. Main 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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 - 1931</u>		
7. AGE	YEARS	MONTHS DAYS
		<u>4</u> <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weslaco Mo.</u>		
13. NAME <u>Lee Ames</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weslaco Mo.</u>		
15. MAIDEN NAME <u>Catharine Branghane</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Potosi Mo.</u>		
17. INFORMANT <u>Lee Ames</u> (ADDRESS) <u>Weslaco Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weslaco Mo.</u> DATE <u>Nov 22</u> 1931		
19. UNDERTAKER <u>Richardson - MOOREHEAD</u> (ADDRESS) <u>Weslaco Mo.</u>		
20. FILED <u>11/21</u> 1931 <u>W. R. Rausch</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1931, to 11-21 1931

I last saw him alive on 11-21 1931. Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:
Whooping Cough
101A
Bronchial pneumonia
 Date of onset 11-1-31

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Weslaco - Tallet M. D.
 (Address) Weslaco Mo.

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