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.

FEB 23 1932

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

Do not use this space.

498

1. PLACE OF DEATH

24 County Clay — Registration District No. 148 — File No.

2 Township Fishing River — Primary Registration District No. 3011 — Registered No. 9

4 City Excelsior Springs, Missouri (No. Veterans Hospital St. 3rd Ward)

2. FULL NAME WEEKS, Harry

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18th Year unknown

7. AGE: Date of birth — YEARS: — MONTHS: unknown — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: laborer - unknown
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin 2

FATHER

13. NAME: Frank Weeks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Veronica - last name unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Hospital Records, Veterans Hosp. Excelsior Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs Mo. DATE 1-19 32, 19

19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Springs Mo

20. FILED Jan. 19 1932 Y. D. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1932, 19..., to January 17, 1932, 19...
I last saw him alive on January 17, 1932, 19... Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis far advanced active

Date of onset

23

Other contributory causes of importance: none

0

Name of operation: none — Date of ...
What test confirmed diagnosis? exam. & obs. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury: none, 19...
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify XX

(Signed) Garrett V. Johnson, M. D.
(Address) Veterans Hosp. Excelsior Springs, Mo.