

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

Do not use this space.

1344

1. PLACE OF DEATH
 County JACKSON Registration District No. 375
 Township Kaw Primary Registration District No. 60
 City Kansas City (No. 1001-25-43) St. 6 Ward 6

2. FULL NAME Dr. Z. Headley Weyant
 (a) Residence, No. 1001 West 40th. St. 6 Ward 6
 (Usual place of abode) 5C (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5C yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 382
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED BY HUSBAND OF (OR WIFE OF) Bertha Mae Weyant				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1873				
7. AGE	YEARS 58	MONTHS 4	DAYS 16	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215			
	10. Date deceased last worked at this occupation (month and year) July 1929		11. Total time (years) spent in this occupation 35	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2				
FATHER	13. NAME Mathiasial Weyant			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn			
MOTHER	15. MAIDEN NAME Fannie E. Burley			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn			
17. INFORMANT (ADDRESS) Guy H. Kidwell Richita Ks.				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>2/1/32</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) Melody-McGilley V. C. Mo				
20. FILED Jan 31 1932 M. M. Brown Regist. <u>ans</u>				

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 - 1932 3:30 pm

22. I HEREBY CERTIFY That I attended deceased from June 25 to Jan 29, 1932
 that saw him alive on Jan 28, 1932 Death is said to have occurred on the date stated above, at 3:30 pm.
 The principal cause of death and related causes of importance were as follows:
Ch. Libanus Myo - not known
credits 930
112
950
 Other contributory causes of importance:
Bronchial asthma not known

Name of operation widowhood Date of _____
 What test confirmed diagnosis? widowhood 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 _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
 Nature of injury no 1

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J. P. Whites, M. D.
 (Address) 1925 Weyant

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.

Dr. Watson