

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.

MAR 22 1932

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

Do not use this space.

1. PLACE OF DEATH  
38 County Gentry Registration District No. 313  
Township Miller Primary Registration District No. 3432  
City..... (No....., .....St. ....Ward)

File No. 4297  
Registered No. ....

2. FULL NAME George T. Weese  
(a) Residence, No. Gentryville 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Weese</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14, 1854</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>9</u>	DAYS <u>5</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Gentryville</u> (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>Barnabas Weese</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY) <u>2</u>			
MOTHER	15. MAIDEN NAME <u>Anna Prunty</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Jasper Weese</u> (ADDRESS) <u>Gentryville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gentryville</u> DATE <u>2-22-32</u>				
19. UNDERTAKER <u>Califford Brooks</u> (ADDRESS)				
20. FILED <u>2, 23 1932</u> <u>W. A. Quarry</u> Registrar				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1932 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-10-131 to 2-19 1932  
I last saw him alive on 2-12 1932 Death is said to have occurred on the date stated above, at 11:15 P. M.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis — Date of onset 1 1/2 years ago  
9310  
Other contributory causes of importance: ①

Name of operation none Date of.....  
What test confirmed diagnosis? clin. Was there an autopsy?.....

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?.....  
(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) Frank H. Roll M. D.  
(Address) Albany, Mo.

