

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

Do not use this space.

9100 ~~11~~

1. PLACE OF DEATH

56 County Lewis
Township Lyon
City _____ (No. _____) St. _____ (Ward _____)

Registration District No. 483
Primary Registration District No. 5644B

File No. _____
Registered No. _____

2. FULL NAME

Harold Weherman

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
_____	_____	<u>1</u>	<u>2</u>	_____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Monticello Mo!

10. NAME OF FATHER Fred Weherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill 2

12. MAIDEN NAME OF MOTHER Sabbie Weherman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Lewisston Mo!

14. INFORMANT Fred Weherman (Address) Monticello Mo

15. FILED Mar 24 1932 Mrs D. B. Speer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 10 1932 to Mar 11 1932 that I last saw him alive on Mar 11 1932 and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ (D)

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. W. Jennings, M. D.
, 19 _____ (Address) Canon 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 Carving DATE OF BURIAL Mar 12 1932

20. UNDERTAKER James G. Coder ADDRESS Lewisston Mo

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.

9100-B JUN 25 1932

PARENTS

