

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

Do not use this space.

34746

1. PLACE OF DEATH

County Bellingham
Township 10 N. 10 E. 10 S.
City _____ (No. _____)

Registration District No. 90
Primary Registration District No. 5109

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(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) March 23, 1875
7. AGE YEARS 57 MONTHS 8 DAYS 25 If LESS than 1 day: hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Desmer 1
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) Bellingham Co. (STATE OR COUNTRY) Mo.

13. NAME Henry Weith

14. BIRTHPLACE (CITY OR TOWN) Osage Co. Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Anna Hignold

16. BIRTHPLACE (CITY OR TOWN) Perry County (STATE OR COUNTRY) Mo.

17. INFORMANT Benjamin Weith (ADDRESS) Bell, Mo.

18. BURIAL, CREMATION, OR REMOVAL Bell, Mo. PLACE St. Maurice Cemetery DATE 11-21-1932

19. UNDERTAKER Rollins & Son (ADDRESS) Perryville, Mo.

20. FILED 11/18, 1932 P. S. Staller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1932 to Nov. 18th, 1932
I last saw him alive on Nov. 17th, 1932 Death is said to have occurred on the date stated above, at 10:30 Pm.
The principal cause of death and related causes of importance were as follows:

Myocarditis
9311
113
9310
Other contributory causes of importance:
Influenza

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?
If so, specify _____
(Signed) M. H. Park, M. D.
(Address) Perryville, Mo.

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.

1933

MARGIN RESERVED FOR BINDING

V. S. No. 1

