

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

Do not use this space.

36009

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY

Registration District No. 399
Primary Registration District No. 1007
(No. ST. MARY'S HOSPITAL)

File No. 4520
Registered No. 4520
St. _____ Ward _____

2. FULL NAME

HORACE G WEDDLE

(a) Residence, No. 1233-BENNINGTON St., 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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>MRS. AGNES T. WEDDLE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY-30-1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>
	DAYS <u>28</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>MISSOURI PACIFIC</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>LOCAL FREIGHT DEPT</u>	
	10. Date deceased last worked at this occupation (month and year) <u>NOVEMBER-1932</u>	
	11. Total time (years) spent in this occupation <u>25YRS</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>HURON</u> (STATE OR COUNTRY) <u>INDIANA</u>		
MOTHER FATHER	13. NAME <u>JOHN WEDDLE</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>INDIANA</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>JANE GATHER</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>INDIANA</u> (STATE OR COUNTRY)	
17. INFORMANT <u>MRS. AGNES T. WEDDLE</u> (ADDRESS) <u>1233-BENNINGTON AVE</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>DECEMBER-1, 1932</u>		
19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111-EAST-9TH ST</u>		
20. FILED <u>NOV 30 1932</u> <u>3rd M. Th. Grove</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-29, 1932

2. I HEREBY CERTIFY, That I attended deceased from Coroner, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarct
Secondary To
Coronary Thrombosis

Date of onset 94 B

Other contributory causes of importance: (Signature)

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
If so, specify _____

(Signed) (Signature), M. D.
(Address) 434 Roubidoux KCMO

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.

