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.

JAN 21 1933

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

Do not use this space.

File No. 38357

Registered No. 95

1. PLACE OF DEATH

7 County Bates — Registration District No. 50

Township Summit — Primary Registration District No. 5076

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Henry Deweese

(a) Residence, No. ..... 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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29th 1859

7. AGE: YEARS 63 — MONTHS 8 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME William Deweese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER

15. MAIDEN NAME Mary Bruner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Glen Deweese Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview DATE Dec 22, 1932

19. UNDERTAKER (ADDRESS) Culver's Butler Mo.

20. FILED Dec. 22, 1932 Nina L Culver
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1932, to Dec 21, 1932

I last saw him alive on Dec 21, 1932 Death is said to have occurred on the date stated above, at noon.

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

	Date of onset
Lobar Pneumonia 59	
Arteriosclerosis 108	
97	

Other contributory causes of importance:

Arteriosclerosis 2

Diabetes mellitus

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) Carter H. Luter, M. D.

(Address) Butler, Mo.