

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

Do not use this space.

38539

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital) _____ St. _____ Ward _____

File No. _____
Registered No. 1257
St. _____ Ward _____

2. FULL NAME Raymond Weese

(a) Residence, No. 1620 Highland Ave. _____ 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) May 13, 1930

7. AGE YEARS 2 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) St. Joseph Missouri

13. NAME Richard B. Weese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Missouri

15. MAIDEN NAME Wilma Coats

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency Missouri

17. INFORMANT Richard B. Weese
(ADDRESS) 1620 Highland Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo. Mt. Auburn
DATE Dec. 19, 1932

19. UNDERTAKER (ADDRESS) 702 S. Edwards St. St. Joseph Mo.

20. FILED DEC 19 1932 J. H. K. Bender
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932 to Dec 15, 1932.
I last saw him alive on Dec 15, 1932. Death is said to have occurred on the date stated above, at 11:45 a.m. M.

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

Broncho Pneumonia
107A
123 D
107A
Other contributory causes of importance:
Colonic Paralysis ①

Name of operation none Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

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) J. R. Elliott, M. D.
(Address) 824 Edwards

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

