

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

Do not use this space.

40373

1. PLACE OF DEATH

53 County Laclede Registration District No. 449
 Township Lebanon Primary Registration District No. 5609
 City (No.) St. Ward

File No. _____
 Registered No. 1789
 St. Ward

2. FULL NAME

LeRoy Weddle
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 0 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Infant
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Mo

10. NAME OF FATHER Raymond Weddle
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Mildred Haplin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Raymond Weddle (Address) Lebanon Mo

15. FILED 12/6, 1932 J. W. Bellamy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Dec - 5, 1932 that I last saw him alive on Dec 5, 1932, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar
 (duration) yrs. mos. ds. 10
 CONTRIBUTORY (SECONDARY) Flu (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) J. L. Benage, M. D.
 (Address) Lebanon, 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 Lebanon Cemetery DATE OF BURIAL Dec 6 1932

20. UNDERTAKER Helman & Stewart ADDRESS Lebanon 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.

