

AR 28 1933

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAINTAINED FOR BINDING

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.

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

Do not use this space.

5194

1. PLACE OF DEATH

County Henry Co
Township Bethlehem
City (No.)

Registration District No. 347
Primary Registration District No. 54897

File No.
Registered No. 136
St. Ward

2. FULL NAME Male C Tweller

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel H. Tweller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 16

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) Bates Co mo

13. NAME Alexander Weddle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethlehem

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Wm B. Tweller (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Tweller Cem DATE 2/12 1938

19. UNDERTAKER R. B. Remy (ADDRESS)

20. FILED 2/11 1933 E. C. Peck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 4 1937 to Feb 8 1938

I last saw him alive on Feb 4 1938. Death is said to have occurred on the date stated above, at 3 p.m.

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

Septicemia
Blood Poison

Other contributory causes of importance: 36

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) C. C. Bantoi M. D.
(Address) Coal, Mo.

