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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 389 — File No. 5718

Township Kaw — Primary Registration District No. 1008 — Registered No. 670

City Kansas City (No. 12th & Baltimore-Phillips Hotel St. ..... Ward)

2. FULL NAME Dr. Estill Victor Wedding

(a) Residence, No. 12th & Baltimore St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27, 1874

7. AGE: YEARS 58 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cloverport, Kentucky

FATHER

13. NAME Columbus V. Wedding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Pate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Herbert C. Wedding 2742 Chelsea

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE Mt. Moriah Cem. DATE Feb. 10, 1933

19. UNDERTAKER (ADDRESS) Mellody-McGilley 3133 Euclid

20. FILED 2/9, 1933 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 m.

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

Chronic serous Meningitis with Cerebral edema

Date of onset

Other contributory causes of importance: 79A

Name of operation ..... Date of .....

What test confirmed diagnosis? No 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?

If so, specify

(Signed) E. Estill Deputy Coroner, ~~M. D.~~

(Address)