

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.

28992

1. PLACE OF DEATH
 17) County Carroll Registration District No. 134
 Township Combs Primary Registration District No. 5789
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME August Weller
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75- 9 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner sawyer, bookkeeper, etc. Farmer
 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) Lake Creek Mo.

MOTHER FATHER
 13. NAME Daniel Weller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Elizabeth Pfeiffer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Dan Myers, Corroton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Creek Mo. DATE 9-29-33
 19. UNDERTAKER (ADDRESS) Standley M. 2 Corroton, Mo.
 20. FILED Oct 4 1933 Mrs. Beal Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

7 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1933 to Sept. 27, 1933
 I last saw him alive on Sept. 27, 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:
artificial implant
coronary atherosclerosis
hypertension
 Date of onset _____

Other contributory causes of importance: 46C
Heart failure 46

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? No
 If so, specify _____
 (Signed) R. Hammett Station M. D.
 (Address) Carrollton, Mo.

