

EB 27 1934

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

Do not use this space.

359

1. PLACE OF DEATH  
 County Caldwell Co. Registration District No. 99  
 Township Grant Primary Registration District No. 5-146  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James B. M<sup>r</sup> Veigh  
 (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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Laura M<sup>r</sup> Veigh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-22-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 7 27

8. Trade, profession, or particular kind of work done, as spinner, 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) Ray Co. Mo

13. NAME Alexander M<sup>r</sup> Veigh

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

15. MAIDEN NAME Harratt Brody

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Perry M. C. Veigh  
Palo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE 1-21-34

19. UNDERTAKER (ADDRESS) Aloysius & Cowley  
Palo Mo

20. FILED Jan 7 1934 Mrs. Wylie Thompson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1934, to January 19, 1934. I last saw him alive on January 19, 1934. Death is said to have occurred on the date stated above, at 3:45 P. m.. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
Chronic Myocarditis (Arteriosclerotic)  
Generalized Arteriosclerosis  
Diabetes Mellitus

Other contributory causes of importance:  
Diabetes Mellitus

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) L. E. Goldberg, M. D.  
 (Address) Palo, Mo.

WHICH PLAINS 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.

