

UCT 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Clay
City Maitland, Mo. (No.)

Registration District No. 371
Primary Registration District No. 4917

File No. 32632
Registered No.
St. Ward

2. FULL NAME Mr. William 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Anna C. Weller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 31, 1847</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Famer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u><</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Wurtemberg
(STATE OR COUNTRY) GERMANY

13. NAME Mr. Jacob Weller

14. BIRTHPLACE (CITY OR TOWN) Wurtemberg
(STATE OR COUNTRY) GERMANY

15. MAIDEN NAME Catherine Dmoler

16. BIRTHPLACE (CITY OR TOWN) Wurtemberg
(STATE OR COUNTRY) GERMANY

17. INFORMANT Mr. Floyd Weller
(ADDRESS) Maitland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burr Oak DATE Sept. 30, 1934

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Maitland Mo.

20. FILED 10/11 1934 M. Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1934 to Sept 28, 1934
I last saw him alive on Sept 28, 1934 Death is said

to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis - Date of onset unknown

Other contributory causes of importance:
Cardio-Vascular - unknown

Name of operation none Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1934

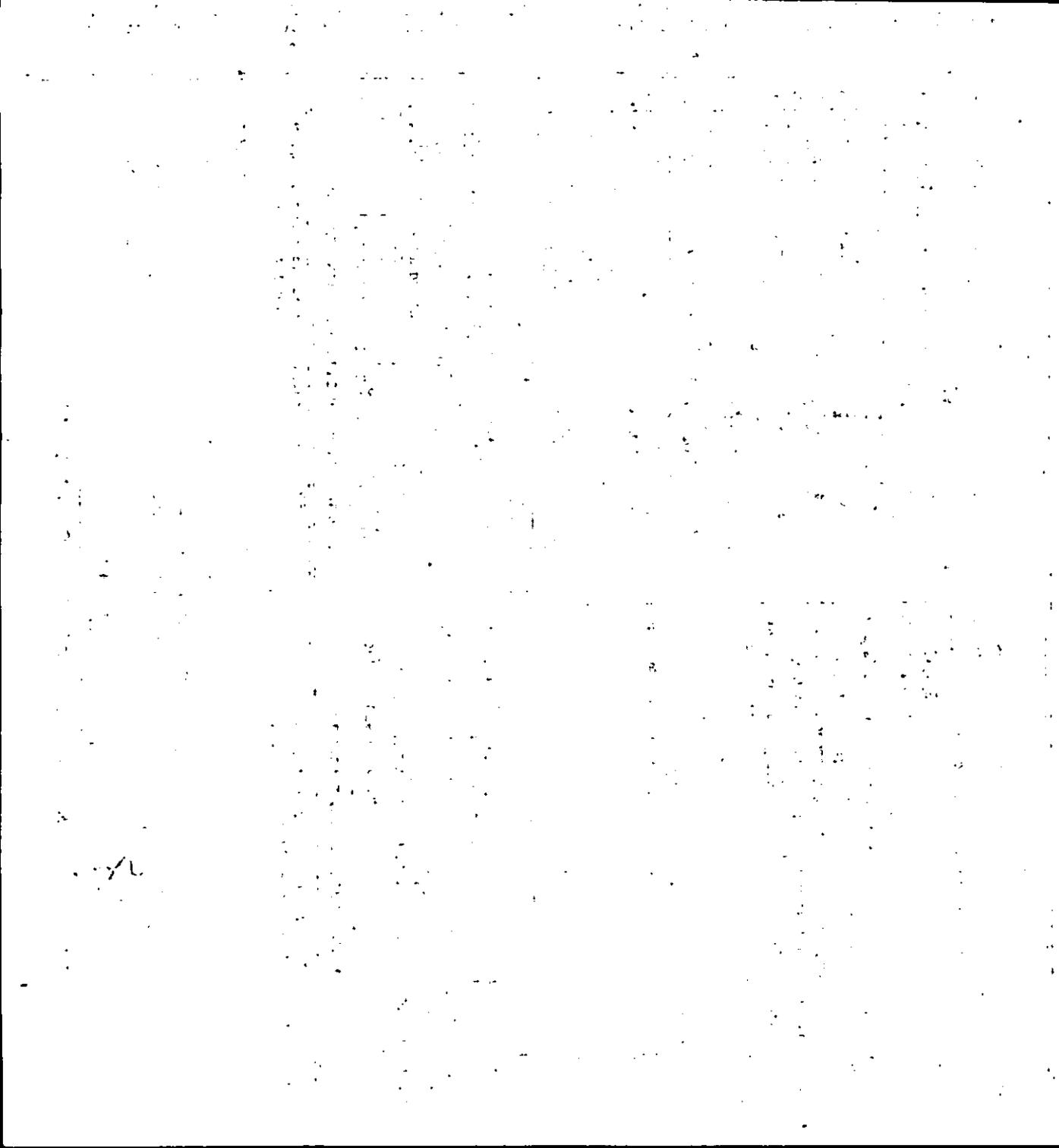
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify unknown

(Signed) Dras Williams, M. D.
(Address) Maitland, 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Holt
Township Maitland
City Maitland (No.)

Registration District No. 371
Primary Registration District No. 4217

File No.
Registered No.
St. Ward)

2. FULL NAME

William Keller

(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 w (write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day. hrs. or min.
86 8 27

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

19 M. W. Kelly

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

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to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

chr. hypert. Date of onset

Causes Vasculor Sclerosis

Other contributory causes of importance:

The above means

Sclerosis of the bloodvessels

in general

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) Ira Williams, M. D.

(Address) Maitland Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

