

OCT 17 1934

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

Do not use this space.

33064

## 1. PLACE OF DEATH

County Jackson  
Township Harris  
City Kansas (No. mercy Hospital)

Registration District No. 399  
Primary Registration District No. 1008

File No. \_\_\_\_\_  
Registered No. 4403  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Roy L. Weston St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) See Summit mo (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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13/1934</u>		
7. AGE YEARS	MONTHS	DAYS
<u>—</u>	<u>4</u>	<u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	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. <u>child</u>	
	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) <u>See Summit mo</u>		
FATHER	13. NAME <u>George Weston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickman Mills, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Oda Barnard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aurora mo</u>	
17. INFORMANT <u>Roy L. Weston</u> (ADDRESS) <u>See Summit mo</u>		
18. BURIAL, CREMATION OR REINBURSEMENT PLACE <u>See Summit mo</u> DATE <u>Oct 1 - 34</u>		
19. UNDERTAKER <u>Field and James</u> (ADDRESS) <u>See Summit mo</u>		
20. FILED <u>9-29-34</u> 19 <u>34</u> <u>M M Creve</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/34 . 1934

22. I HEREBY CERTIFY that I attended and deceased from Sept 29 1934 . 1934  
I last saw him on 9/29/34 1934 Death is said to have occurred on the date stated above, at 107A a.m.  
The principal cause of death and related causes of importance were as follows:  
Embryonic carcinoma  
No contributory cause  
Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis? 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 \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) [Signature] , M. D.  
(Address) [Signature]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

