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.

FEB 26 1935

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

Do not use this space.

1923
File No. 4
Registered No. 1

1. PLACE OF DEATH

County: Lewis
Township: LaBelle
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 481
Primary Registration District No. 5643B

2. FULL NAME Robert Morris Weedon

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 19. 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, Taught School

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) Macon Co. Kentucky

FATHER

13. NAME Wyatt Weedon

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

MOTHER

15. MAIDEN NAME Judith Ann Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fleming Co. Ky.

17. INFORMANT Robert Weedon Jr.
(ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown, Missouri DATE 1/20/1935 19

19. UNDERTAKER James A Coder
(ADDRESS) Lewistown, Missouri.

20. FILED 1/24/35 James A Coder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1935

22. I HEREBY CERTIFY That I attended deceased from June, 1930, to Jan 28, 1935, I last saw him alive on Jan 20, 1935. Death is said to have occurred on the date stated above, at 8 00 m.

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

	Date of onset
Inability to get from sick bed to toilet in a burning house with no one to help, causing death by asphyxiation	Jan 28

Other contributory causes of importance:
Senility.
Heart Decompensation

Name of operation No. Date
What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 28, 1935
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 No.
(Signed) Harry L. Wm. Brockert D.C.
(Address) Lewistown Mo.