

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

Do not use this space.

APR 24 1935

10140

1. PLACE OF DEATH

County Putnam

Registration District No. 669

Township Lab Creek

Primary Registration District No. 5397

City Smithton

(No. Smithton RR 2)

File No. 10140

Registered No. 6

St. Smithton Ward 2

2. FULL NAME

Linus Weller

(a) Residence, No. Smithton, Mo. Route 2 St. Smithton Ward 2

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

Do Not Know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt 74

OCCUPATION

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) March 2, 1935

11. Total time (years) spent in this occupation

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

Putnam County, Mo.

FATHER

13. NAME

Peter Weller

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

Germany

MOTHER

15. MAIDEN NAME

Husanna Reusch

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

Germany

17. INFORMANT (ADDRESS)

Jacob Weller 1802 S. Stewart St. Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bahner

DATE 3-7-1935

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia

20. FILED

3-7-1935 Mrs J L Monser

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-5-35

22. I HEREBY CERTIFY, That I attended deceased from

3-1-35 to 3-5-35

I last saw him live on 3-5-35, 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:

Influenza

Chronic Myocarditis

Other contributory causes of importance:

72C

2/27

Name of operation Symptoms Date of No

What test confirmed diagnosis Symptoms Where 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 of injury in any way related to occupation of deceased No

If so, specify Chronic Myocarditis

(Signed) E. L. H. H. H. M. D.

(Address) Smithton Mo.

