

AUG 12 1935

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

Do not use this space.

24134

## 1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 3034  
City Moberly (No. Wassland Hospital) Registered No. 134  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Brunswick St. Mo. Ward. Brunswick Mo.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1893

7. AGE YEARS 42 MONTHS 4 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Chariton Co. Missouri

13. NAME Ellet DeWeese

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

15. MAIDEN NAME Martha Fry

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

17. INFORMANT Mrs Frances DeWeese (ADDRESS) Brunswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Indian Home DATE July 28, 1935

19. UNDERTAKER John H. Meyer, Jr. (ADDRESS) Brunswick, Mo.

20. FILED 7/26 1935 Virginia Walker, By E. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to July 26, 1935

I last saw him alive on July 26, 1935 Death is said to have occurred on the date stated above, at 9:47 a.m.

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

Accidental electric shock from high tension wire while moving house Date of onset July 25, 1935

Other contributory causes of importance:

Burns from above

Name of operation None Date of None

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 accidental Date of injury July 25, 1935

Where did injury occur? Brunswick - Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Moving a house

Manner of injury Overhead wire struck him

Nature of injury While he was on roof

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Moving a house

(Signed) R. D. Streetor, M. D.

(Address) Moberly, Mo.

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.

