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

SEP 25 1935

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 26375

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Ben Weymouth

(a) Residence, No. 2909 Forest St., Ward. (If nonresident, give city or town and State)
(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.

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 Mrs. Elizabeth Weymouth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	10	20	

OCCUPATION

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

FATHER

13. NAME Henry Weymouth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Elizabeth Park
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs. Elizabeth Weymouth 2909 Forest K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 8/6/35, 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway K. C. Mo.

20. FILED Aug 5, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/35, 19

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1935, to August 4, 1935
I last saw him alive on August 4, 1935. Death is said to have occurred on the date stated above, at 7:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right)	8-3-35
108	

Other contributory causes of importance:

Name of operation Tonsillectomy Date of 8-2-35
What test confirmed diagnosis CLINICAL 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, 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? No
If so, specify
(Signed) I. A. Wien, M. D.
(Address) 928 Argyle Bldg. Kansas City, Mo.

Dr. [illegible]
Vi.0551
Argyle Bldg
1 to 4