

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

Do not use this space.

SEP 26 1935

27150

1. PLACE OF DEATH

County New Madrid Registration District No. 604
Township _____ Primary Registration District No. 435-8
City New Madrid (No. _____) St. _____ Ward _____

2. FULL NAME

(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 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1846

7. AGE YEARS 88 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Pike (STATE OR COUNTRY) Austria

13. NAME Joseph Weigle

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

15. MAIDEN NAME Katharine

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

17. INFORMANT Henry Weigle (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Our good friends'墓地 DATE 8/29/35

19. UNDERTAKER Richards & Sons Co. (ADDRESS) New Madrid

20. FILED 9/8/35 1935 - not registered Registrar W. L. Dyer

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1935 to Aug 26, 1935

I last saw him alive on Aug 26, 1935. Death is said to have occurred on the date stated above, at 10-15 P.M.

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

acute infarct of l. ventricle Date of onset _____
due to a g. w. stenosis
There had been previous catheters in his chest
Other contributory causes of importance: but all simple changes

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) W. L. Dyer, M. D.
(Address) New Madrid Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

333



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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township New Madrid
City New Madrid (No. _____)

Registration District No. 604
Primary Registration District No. 4358

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Joseph Weigle

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
88 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) _____ Total time (years) spent in this occupation _____

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

13. NAME Joseph Weigle

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

15. MAIDEN NAME Kathennie

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

17. INFORMANT (ADDRESS) Henry Weigle St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid DATE 8/29 1935

19. UNDERTAKER (ADDRESS) Richards and Co. New Madrid

20. FILED 9/17 1935 Wm O'Banion Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1935, to Aug 26 1935.
I first saw him/her alive on Aug 26 1935. Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

acute infection of common bile duct + gall bladder
No gall stones

Other contributory causes of importance: These had been previous attacks in past years but with all symptoms clearing.

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) W. L. Neigg, M. D.
(Address) New Madrid Mo

GROSS OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

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