

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.

Oct 24 1935

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

Do not use this space.

29963  
76

**1. PLACE OF DEATH**

County Lafayette Registration District No. 461  
 Township \_\_\_\_\_ Primary Registration District No. 3024  
 City Lexington (No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME John Wealot**

(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Rissie M. Wealot</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mar. 3, 1861</b>				
7. AGE YEARS <b>74</b>	MONTHS <b>6</b>	DAYS <b>5</b>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Stationary Eng.</b>			
	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) Madison Co. Ill  
 (STATE OR COUNTRY)

13. NAME Sam Wealot

14. BIRTHPLACE (CITY OR TOWN) Not Known  
 (STATE OR COUNTRY)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known  
 (STATE OR COUNTRY)

17. INFORMANT W. M. Wealot  
 (ADDRESS) Lexington Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo DATE Sept 11 1935

19. UNDERTAKER Winkler  
 (ADDRESS) Lexington Missouri

20. FILED Sept 11 1935 Jayne Bull-Water  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 8, 1935**

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1935 to Sept 8, 1935  
 I last saw him alive on Sept 8, 1935 Death is said to have occurred on the date stated above, at 8:15 P M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
7221  
 Other contributory causes of importance:  
Arterial Sclerosis - Hypertension

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) Ben H. Brasher, M. D.  
 (Address) Lexington Mo

