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

9 1936

Do not use this space.

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1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Moses Weiler
(a) Residence, No. St. John's Hosp. Res. Connor Hotel 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Weiler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26-1853
7. AGE YEARS 82 MONTHS 9 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Merchant
10. Date deceased last worked at this occupation (month and year) Jan. 1928
11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winweiler Bavaria Germany

FATHER
13. NAME Max Weiler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria Germany

MOTHER
15. MAIDEN NAME Fannie Mayer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria Germania

17. INFORMANT (ADDRESS) Mrs. Emma Weiler Connor Hotel
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope DATE Jan. 10 1936
19. UNDERTAKER (ADDRESS) Frank-Dievers Co. Joplin, Mo.
20. FILED 1-10 1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935, to Jan. 9, 1936
I last saw him alive on Jan 9, 1936. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/27/35

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
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? ..... 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? .....
If so, specify .....
(Signed) M. O. Coombs, M. D.
(Address) Joplin, Mo.

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