

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2447

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia (No. 1201 S. Stewart)File No. 21Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1802 S. Stewart 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

July 19- 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

74428

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.

Merchant

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)

Lake Creek Missouri

MOTHER FATHER

13. NAME

Peter Weller

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

Herrmann

15. MAIDEN NAME

Susan Reuter

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

Herrmann

17. INFORMANT (ADDRESS)

J. P. Weller 1802 S. Stewart Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calm

DATE

Jan 2136

19. UNDERTAKER (ADDRESS)

Mr. Laughtlin B. Buss Sedalia

20. FILED

Jan 18 1936John Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 11 1936 to Jan 17 1936I last saw him alive on Jan 17 1936 Death is saidto have occurred on the date stated above, at 6:15 a.m.

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

Date of onset

Branches pneumonia 1/10/36

Other contributory causes of importance:

Pneumonia 1/1/36Name of operation None Date of _____What test confirmed diagnosis? Clinical Is 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) Frederic B. Long, M. D.(Address) Sedalia, Mo.

