APR 23 1936

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

Do not use this space.

10472

File No.

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township Primary Registration District No. 1002

City KANSAS CITY (No. 6420, Baltimore St. Ward)

2. FULL NAME WILLIAM A. WEESNER

(a) Residence, No. Berryton, Ks. St., Ward. Berryton, Kansas
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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~~ SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 25-1853

7. AGE: YEARS 82 MONTHS ~~4~~ 3 DAYS ~~28~~ 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

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) Wabash Co. Ind.

FATHER

13. NAME Wm. A. Weesner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO DATA

MOTHER

15. MAIDEN NAME Eunice Starbuck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO DATA

17. INFORMANT R. E. Weesner
(ADDRESS) 6420 Baltimore, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berryton, Ks. DATE Mar. 4, 1936

19. UNDERTAKER Sanders-McMichael
(ADDRESS) Topeka, Kansas

20. FILED 3/2, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to March 2, 1936

I last saw him alive on Feb 29, 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
Cerebral hemorrhage	2-15-36
Gradual decline	

Other contributory causes of importance: Arteriosclerosis

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? No

If so, specify

(Signed) C. B. Merriman, M. D.

(Address) 1318 Bryant Bldg. K.C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD