

APR 23 1936

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

Do not use this space. *F*

10474

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township J. Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
Registered No. 1153
St. _____ Ward _____

2. FULL NAME Harry Clayton Weston

(a) Residence, No. 4711 Arapahoe 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 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 Christina Weston

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewall Paint + Varnish
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) Cedar Rapids Iowa

FATHER 13. NAME GEORGE WESTON

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT Mrs Christina Weston
(ADDRESS) 4717 Arapahoe - R.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE MARCH 2 1936

19. UNDERTAKER W. W. Mewcomer's Sons
(ADDRESS) 2 Kansas City Mo

20. FILED 3/2 1936 M. M. Brown
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 1st 1936

22. I HEREBY CERTIFY That I attended deceased from 2-29-1936 to 3-1-36, 1936

I last saw h. h. h. alive on 1-2-36, 1936 Death is said to have occurred on the date stated above, at 3:40 pm.

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

228 - Influenza Date of onset 2-28-36

Other contributory causes of importance:

Pulmonary Edema 2-29
Ac Cardiac dilatation 3-1-36

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Injury _____, 1936

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) J. M. Miller, M. D.
(Address) 724 Proby Bldg

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

729 Profit 10/18/89

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

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10474

1. PLACE OF DEATH

County Jackson
Township _____
City H. C. Mo (No. _____)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1123
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/2 1936 11-20 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Date of death _____
Other contributory causes of importance: _____

de. Cardiac dilatation
Myocarditis ac.
Engorgement
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, town, county, and State)
Specify whether injury occurred in instance, in _____, 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) L. W. Patten M. D.
(Address) 924 Prof Bldg

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

CERTIFICATE OF DEATH

MB

10479