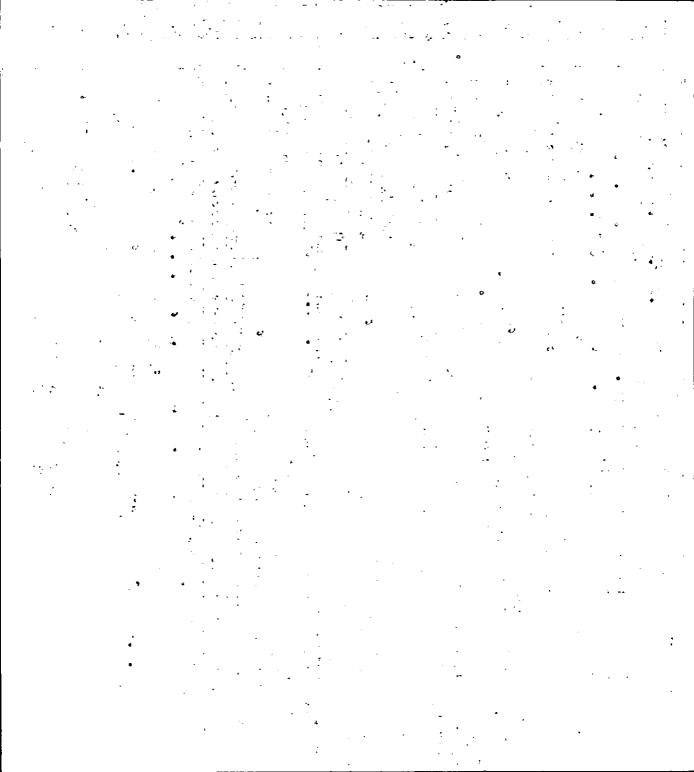
MAY 18 1936 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS EXACTLY. PHYSICIANS should state ent of OCCUPATION is very important. 14239CERTIFICATE OF DEATH 1. PLACE OF DEATH County Buchanan Registration District No..... Primary Registration District No. 1001 Township...... (No. 1 Mile: East of Belt Highway ow St. Joseph. 2 FULL NAME Leo Wesley Wiedmaier. R.F.D.# 4.St.Josephs, Mo. ward. (a) Residence, No...... (If nonresident, give city or town and State) (Usual place of abode) 4 yrs. 5 mos. 22ds. Length of residence in city or town where death occurred How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) as DIVORCED (write the word) Male White Single. I HEREBY CERTIFY. 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF should be a (OR) WIFE OF I last saw h / M alive on 4-29 Nov.7th.1931 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at..... The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day, .....brs. 22 or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Child. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation.... year)..... Saint Joseph 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Wiedmaier Laurence F. 13. NAME Name of operation..... Joseph. What test confirmed diagnosis? as there an autoes 14. BIRTHPLACE (CITY OR TOWN). N. B.—Every item of information CAUSE OF DEATH in plain term ( STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Monica Marie Coffey. IS. MAIDEN NAME Harionville. Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) issouri (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury..... St.Jo.Hem.Park 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed)



## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH					
1. PLACE OF DEATH  County County Registration District  Township Primary Registration				100	File No.
2. FULL NAME alo Moley Wiedmaier					
(a) Residence, No					
PERSONAL AND	STATISTI	CAL PARTIC	MEDICAL CERT	IFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sorfte the word)				21. DATE OF DEATH (MONTH, DAY, AND YEAR) Up 29, 1936	
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				22.   HEREBY CERTIFY, That I attended deceased from   19	
DATE OF BIRTH (MONTH, DAY, AND YEAR)  AGE YEARS MONTHS DAYS If LESS than 1				to have occurred on the date stated above, at	
7. AGE YEARS	Months 5	DAYS 22	day,hrs.	0 -4 -0	mulue hel in tio
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 spent in this				Other contributory causes of Imports	
year) occupation				and the same	nein a mkaan
13. NAME				Name of operation.	Date of
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					ses (violence), fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				Where did injury occur?	Date of injury
7. INFORMANT (ADDRESS)				Manner of injury	
8. BURIAL, CREMATION, OR REMOVAL				Nature of injury	
9. UNDERTAKER (ADDRESS)				24. Was disease or injury in any way If so, specify (Signed)	related to occupation of deceased?
10. FILED May 2 103 6 7 Meselelist Registrar.				(Address) 620 J	rancis St.

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