

MAY 21 1936

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

Do not use this space.

15835

1. PLACE OF DEATH

County Gasper
Township Gasper
City Gasper (No. 418 McKuskey)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 418 McKuskey St., Gasper 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1877

7. AGE YEARS 48 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. custodian
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) Weligman MO

FATHER 13. NAME James M. Weston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER 15. MAIDEN NAME Alice Seed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Mabel Weston

18. BURIAL, CREMATION, OR REMOVAL PLACE Weligman MO DATE 4-4-36

19. UNDERTAKER (ADDRESS) Weligman MO

20. FILED 4-3-36 Registrar. Weligman MO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-36

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1935, to 4-3 1936

I last saw deceased alive on 3-21 1936. Death is said to have occurred on the date stated above, at 2-40 AM.

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

Pulmonary Tuberculosis Date of onset 4-5

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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) W. Loveland M. D.
(Address) Gasper 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.

