

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

Do not use this space.

26937

AUG 21 1936

**1. PLACE OF DEATH**

Country Jackson Registration District No. 400  
 Township Prairie Primary Registration District No. 5553 B File No. \_\_\_\_\_  
 City Blue Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 182

**2. FULL NAME**

Joe Weixeldorfer Jr  
 (a) Residence, No. Blue Springs St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 1915</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>" "</u>	
	10. Date deceased last worked at this occupation (month and year) <u>9/14-36</u>	11. Total time (years) spent in this occupation <u>off</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City</u>		
MOTHER	13. NAME <u>Mary Crist</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
	15. MAIDEN NAME <u>Mary Crist</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
17. INFORMANT <u>Mary Weixeldorfer</u> (ADDRESS) <u>Blue Springs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Springs</u> DATE <u>7/17/36</u>		
19. UNDERTAKER (ADDRESS) <u>H. B. Langford</u> <u>1665 S. W. 11th</u>		
20. FILED <u>7/16</u> 19 <u>36</u> <u>William J. Fields</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1936

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 10 P m.  
 The principal cause of death and related causes of importance were as follows:  
Drowning  
 Date of onset \_\_\_\_\_

Other contributory causes of importance  
none

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury July 14 1936  
 Where did injury occur? Jackson Co. Miss  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Public Swimming Place  
 Manner of injury Drowning  
 Nature of injury 1.

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) [Address]

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.

