

NOV 20 1936

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

Do not use this space.

36842

1. PLACE OF DEATH

County Buchanan

Township Washington

City Halls

Registration District No. 86

Primary Registration District No. 5128

File No.

Registered No. 79

St. Ward

2. FULL NAME William Wehr

(a) Residence, No. Halls, Mo.

Length of residence in city or town where death occurred

yrs. 6

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Susan Wehr

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

Aug. 16, 1860

7. AGE

YEARS 76

MONTHS 2

DAYS 1

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm

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)

Shoneytown Missouri

FATHER

13. NAME Samuel Wehr

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

Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

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

Unknown Unknown

17. INFORMANT William Wehr, Jr. (ADDRESS) Halls, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Odd Fellows Cem. DATE Oct. 19, 1936

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.

20. FILED Oct. 19, 1936 B. H. Tadlock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936, to Oct. 17, 1936.

I last saw him alive on Oct. 16, 1936. Death is said to have occurred on the date stated above, at 3:07 a.m.

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

Paralysis Cerebral Hemiparesis
Chorea Thrombotic
Arteriosclerosis Gen. Date of onset 1934

Other contributory causes of importance: Anemia Iron Deficiency

Name of operating physician: J. J. ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

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

MO (Signed) J. J. ... M. D.
(Address) ... Registrar.

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.

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The following information was obtained from the records of the
Department of the Interior, Bureau of Land Management, and the
Bureau of Reclamation, regarding the land parcels described
herein. The parcels are located in the State of California,
County of [County Name], and are situated in the [Area Name].
The parcels are described as follows:

Parcel No.	Acres	Owner
1	10.00	John Doe
2	5.00	Jane Smith
3	15.00	ABC Company
4	8.00	DEF Company
5	12.00	GHI Company

The parcels are situated in the [Area Name] and are bounded by
[Boundary Description]. The parcels are situated in the [Area Name]
and are bounded by [Boundary Description]. The parcels are situated
in the [Area Name] and are bounded by [Boundary Description].