

DEC 8 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

M^{rs} Neil
Do not use this space.

42134

1. PLACE OF DEATH

County Pettis CoRegistration District No. 668Township LedakaPrimary Registration District No. 3832City Ledaka (No.)File No. 342 341Registered No. 668St. Ward

2. FULL NAME

(a) Residence, No. 1209 S Main St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds.How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Josephine Weller

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

Feb 2 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

74823day, hrs. or min.

OCCUPATION

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

Farmer

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

Retired

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)

Baker Mo.

FATHER

13. NAME

Dan Weller

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

Germany

MOTHER

15. MAIDEN NAME

Elybeth

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

Prifer

17. INFORMANT (ADDRESS)

Eugene C. Madore

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Nov 27 1936

19. UNDERTAKER (ADDRESS)

M^{rs} Laughlin Bros

20. FILED

Nov 27 1936 Jesse Shook

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 25 193622. I HEREBY CERTIFY, That I attended deceased from Nov 5 1936 to Nov 27 1936I last saw him alive on Nov 25 1936 Death is saidto have occurred on the date stated above, at 0304 a.m.

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

Cerebral thrombosisDate of onset Nov 5 1936

Other contributory causes of importance

arterio-sclerosis, Hypertension, Chronic suppuratives

Name of operation

none

Date of

Nov 25

What test confirmed diagnosis?

Chrom

Was there an autopsy?

Yes

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?

If so, specify

(Signed)

Chas. M. M. M.(Address) Baker 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.

