

MAR 19 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

6067

1. PLACE OF DEATH

County Walt  
Township Lewis  
City (No. ....) (No. ....)

Registration District No. 973  
Primary Registration District No. 5520

File No. ....  
Registered No. 5  
St. .... Ward

2. FULL NAME

Henry Weis

(a) Residence. No. .... 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Kate Brown Weis

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936 to Feb. 18, 1937 that I last saw him alive on Feb. 16, 1937, and that death occurred, on the date stated above, at 10:00 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
86 5 17

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pyelitis  
1330  
(duration) = yrs. 3 mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at place of death  
DID AN OPERATION PRECEDE DEATH? no DATE OF

10. NAME OF FATHER Amos Weis

13. BIRTHPLACE OF FATHER (CITY OR TOWN) Hessen (STATE OR COUNTRY) Darmstadt Germany  
12. MAIDEN NAME OF MOTHER Elizabeth Buehler  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centerville (STATE OR COUNTRY) Switzerland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hessen (STATE OR COUNTRY) Darmstadt Germany

12. MAIDEN NAME OF MOTHER Elizabeth Buehler  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centerville (STATE OR COUNTRY) Switzerland

14. INFORMANT Fred Weis (Address) Oregon Mo.  
15. FILED 2-20-37 J. Schaudel REGISTRAR

14. INFORMANT Fred Weis (Address) Oregon Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oregon, Mo. DATE OF BURIAL 2-20-1937

15. FILED 2-20-37 J. Schaudel REGISTRAR

20. UNBERTAKER Lester Pettijohn ADDRESS Oregon 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.

