

MAR 24 1937

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

Do not use this space.

7590

1. PLACE OF DEATH

County PettisRegistration District No. 668

File No.

Township SedaliaPrimary Registration District No. 3832Registered No. 3833City Sedalia(No. 18005 mo 3832)

St.

Ward

2. FULL NAME

(a) Residence, No. 18005 mo 3832 St. 3832 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.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

MaleWhiteMarried

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

Ide E. Weller

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

Nov 10, 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38224

OCCUPATION

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

Carpenter

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

10. Date deceased last worked at this occupation (month and year)

Jan 13, 1937

11. Total time (years) spent in this occupation

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

Bahna Mo

FATHER

13. NAME

Daniel Weller

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

Lake Creek Mo

MOTHER

15. MAIDEN NAME

Mary Meyer

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

Germany

17. INFORMANT (ADDRESS)

Mrs. Ide E. Weller

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Feb 6, 1937

19. UNDERTAKER (ADDRESS)

M. C. Laughlin Bros.

20. FILED

Feb 6, 1937Jean Slack

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 14, 1936 to Feb. 4, 1937I last saw him alive on Feb. 3, 1937 Death is saidto have occurred on the date stated above, at 3 PM m.

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

Date of onset

Cerebral hemorrhage 1936

Other contributory causes of importance:

Influenza 1/22/37

Name of operation

None

Date of

What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Violence Date of injury 1937

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)

Frederick B. Long M. D.

(Address)

Sedalia, 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.

