

JUN 24 1937

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

Do not use this space.

20840

1. PLACE OF DEATH

County Hodgaway
Township Franklin
City Waverly (No.)

Registration District No. 625
Primary Registration District No. 3131

File No. 20840
Registered No. 53
St. Ward

2. FULL NAME

(a) Residence No. Sh. Francis Hospital Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 28 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-20
7. AGE YEARS 16 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Training
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME V. G. Wiederholt

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

15. MAIDEN NAME May Bligh

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

17. INFORMANT Val. G. Wiederholt (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception Mo. DATE Feb 7 1937

19. UNDERTAKER C. R. Proctor (ADDRESS) Conception Mo.

20. FILED May 16 1937 Mamie E. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1937, to May 14, 1937

I last saw him alive on May 14, 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Streptococcus meningitis Date of onset

Other contributory causes of importance:

acute media mastoiditis

Name of operation mastoidectomy Date of Apr 18

What test confirmed diagnosis Laboratory 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?

If so, specify

(Signed) J. H. Boyles, M. D.

(Address) Conception Junction Mo

