

78
7
2
JUL 31 1937

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

Do not use this space.

24513

1. PLACE OF DEATH

County Pemiscot
Township Wagonwheel
City Steele (No.)

Registration District No. 655
Primary Registration District No. 4392

File No.
Registered No.
St. Ward)

2. FULL NAME

Joe Louis Weston

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13-1937</u>		
7. AGE YEARS —	MONTHS —	DAYS <u>12</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

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

13. NAME John Weston

14. BIRTHPLACE (CITY OR TOWN) St. Francis, Ark.
(STATE OR COUNTRY)

15. MAIDEN NAME Fannie Borna

16. BIRTHPLACE (CITY OR TOWN) St. Francis, Ark.
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John Weston, Steele, Mo. R # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Hall, Steubenville, Ohio, June 25, 1937

19. UNDERTAKER (ADDRESS) German Undert. Co., Steele Mo.

20. FILED 7-10 1937 J. L. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on 11 a.m., 19____ Death is said to have occurred on the date stated above, at _____ m.

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

This child died without medical aid

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 9
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. L. Robinson Registrar
(Address) Steele 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.

