

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Platte
Weston

Registration District No.

Primary Registration District No.

(No.)

698

4420

File No.

Registered No.

St.

Ward

28116

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

Mark Leradock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR

DIVORCED (write the word)

Male

Negro

Married

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

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

Nov 2 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

46

8

6

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

Laborer

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)11. Total time (years)
spent in this
occupation

✓

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

Weston Mo

13. NAME

Emmet Leradock

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

Marshall Mo

15. MAIDEN NAME

Mary Mitchell

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

Weston Mo

17. INFORMANT
(ADDRESS)Mrs Mark Leradock
Weston Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Weston Mo

DATE

July 11 1937

19. UNDERTAKER
(ADDRESS)J & B Mill
Weston Mo

20. FILED

7-10 1937

J & B Mill
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 8 1937

22. I HEREBY CERTIFY that I attended deceased from

Mar. 22 1937, to June 8 1937

I last saw him alive on June 10, 1937. Death is said

to have occurred on the date stated above, at 9 p.m.

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

Tuberculosis of
respiratory system
acute endocarditis

Date of onset

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

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

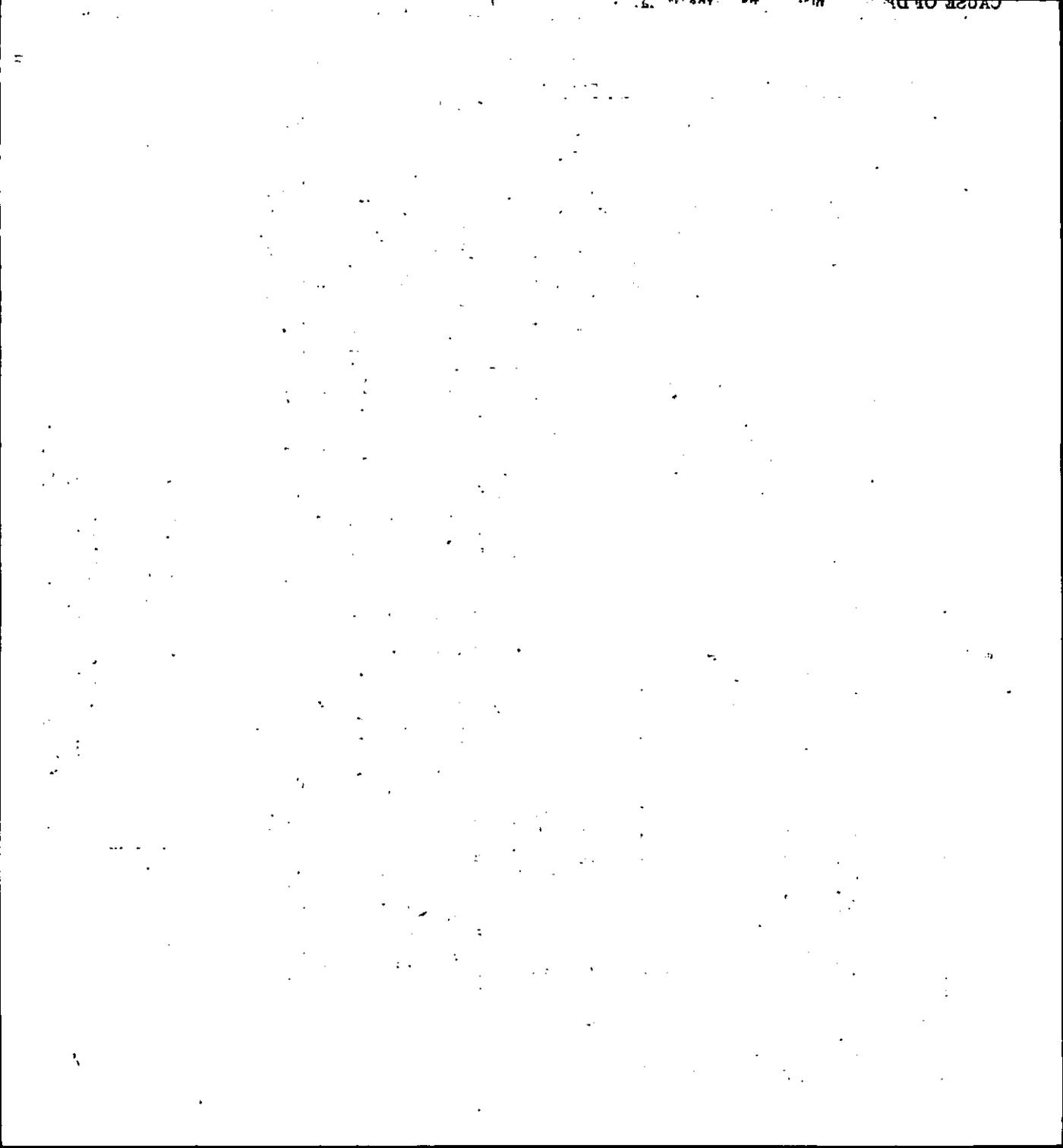
If so, specify

(Signed)

(Address)

R J Feeling M.D.
Weston, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28116 -
Do not use this space.

1. PLACE OF DEATH
 (a) County Platte Registration District No. 698
 (b) Township Weston Primary Registration District No. 4420 Registered No. _____
 (c) City Weston (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Merle Craddock
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) _____

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT David Steel
 ADDRESS _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Weston was DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 7/10/37 J.H. Brill Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. J. Selleny M. D.
 (Address) Weston

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CLASS. OF DEATH IN plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-28116