

SEP 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Calloway  
Township  
City Fulton, Mo (No. ....)

Registration District No. 104  
Primary Registration District No. 3008

File No. 30290  
Registered No. 207  
St. .... Ward)

## 2. FULL NAME

Charles W. Weber  
(a) Residence, No. Hermann, Mo St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 23 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66 9 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade, Mo

13. NAME Christopher Weber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade, Mo

15. MAIDEN NAME Ella Naegelin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade County, Mo

17. INFORMANT State Hosp. Records  
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann DATE Aug 31, 1937

19. UNDERTAKER E. R. Ruediger  
(ADDRESS) Hermann, Mo

20. FILED 8/28/37 19 37 R. D. Crews  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to Aug. 28, 1937

I last saw him alive on Aug. 28, 1937 Death is said to have occurred on the date stated above, at 10:30 A. M.

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

1) Coronary Embolism? git 8-28-37

Other contributory causes of importance:

2) Generalized Arterio-Sclerosis N.T.  
3) Hypertension N.T.

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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 None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. A. Barnett, M. D.

(Address) Fulton, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1-29314

