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.

OCT 26 1937

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

Do not use this space.

File No. 35188

Registered No.

1. PLACE OF DEATH
County St. Francois
Township Randolph
City Desloge (No. , St. Ward)

Registration District No. 779
Primary Registration District No. 60 24a

2. FULL NAME John Weitzel
(a) Residence, No. Desloge 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1873

7. AGE: Years 64 | Months 2 | Days 14. | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Iron mountain (STATE OR COUNTRY) Missouri

FATHER
13. NAME Ben Weitzel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Blattner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Della Weitzel (ADDRESS) Desloge Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francois DATE Sept. 23, 1937

19. UNDERTAKER C. J. Bayer (ADDRESS) Desloge Missouri

20. FILED Oct 11, 1937 W. P. Huckeswith Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1936, to 9/21, 1937
I last saw h. alive on 9/21, 1937. Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - left Breast and axilla	Jan. 1936

Other contributory causes of importance: 50

Name of operation — Date of —
What test confirmed diagnosis? Clinical & Path. 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) W. P. Huckeswith, M. D.
(Address) Desloge Mo