

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson City (No. St. Marys Hosp.) St. _____ Ward _____

File No. 2495
 Registered No. 13

2. FULL NAME

Thos. Leroy Weikers
 (a) Residence, No. Freedom 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra ormin.
49 4 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
Osage Co.

13. NAME Fritz Weiker

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

15. MAIDEN NAME Melinda Connor

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

17. INFORMANT Elmer Weissman
 (ADDRESS) Freedom Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Repos DATE Jan 13 1938

19. UNDERTAKER Morton Funeral Home
 (ADDRESS) _____

20. FILED 1/12/1938 Subscribed M. D. _____
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1938, to Jan 11 1938.
 I last saw him alive on Jan 11 1938. Death is said to have occurred on the date stated above, at 10 m.

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

Accidental - cut across head with a large
fracture skull; locusts
of brain

Other contributory causes of importance:

RECEIVED / E
 FEB 23 1938
 Name of physician _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Incident, suicide, or homicide _____ Date of injury Jan 11 1938
 Where did injury occur? Osage Co
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury at home
 Nature of injury cut across head by a crosscut
circular saw

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) harry daylor M. D. _____
 (Address) Jefferson City 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.

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