

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

Do not use this space.

11665
3

REC'D APR 22 1938

1. PLACE OF DEATH
 County Oregon Registration District No. 641
 Township Jackson Primary Registration District No. 5850
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Leroy Clarence Wieberg 162
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 - 1924</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>9</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
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) <u>MO</u>		
MOTHER	13. NAME <u>Not known illegitimate</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
	15. MAIDEN NAME <u>Bernadine C. Wieberg</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT <u>Wm Schroeder</u> (ADDRESS) <u>Wells MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Koeltztown</u> DATE <u>Mar 4</u> 19 <u>38</u>		
19. UNDERTAKER <u>Wm Strop</u> (ADDRESS) <u>Wells MO</u>		
20. FILED <u>Mar 3</u> 19 <u>38</u> <u>Robert Crater</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1938, to Mar 7 1938
 I last saw him alive on Mar 7/38 1938. Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:
measles
 Date of onset 2/24/38

Other contributory causes of importance:
measles 7 -

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? Yes
 If so, specify _____
 (Signed) N. G. Schenck, M. D.
 (Address) Apple, 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.

