REC'D JUL 7 1938

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

Do not use this space.

22632

File No. 196
Registered No. 668

1. PLACE OF DEATH
County: Pettis
Registration District No. 668
Primary Registration District No. 3032
Township:
City: Sedalia (No. St. Ward) 240

2. FULL NAME: William F. Weikal

(a) Residence, No. 1214 S. Mass 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: Edith Weikal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 29-1875

7. AGE: Years 62 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: RR Brakeman
10. Date deceased last worked at this occupation (month and year): 1926
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: L. C. Weikal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Libb Fisman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Grover Weikal Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 6-28- 1938

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia

20. FILED: June 28- 1938 [illegible] Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26- 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938, to, 19..
I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 6-26-38
24

Other contributory causes of importance:
Neuro Syphilis

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? No
If so, specify
(Signed) A. L. Walter, M. D.
(Address) Sedalia 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.