REC'D AUG 10 1938

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

26298
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township — Primary Registration District No. 3034 — Registered No. 148
(c) City Moberly — (d) Street No. 321 E Carpenter St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ona Wegs
(a) Residence, No. 321 E. Carpenter St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Emil Wegs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5th 1900
7. AGE: Years 37 | Months 7 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as 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): Nebr.

FATHER
13. NAME: Covington C Doughnam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebr.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Emil Wegs Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Moberly Mo DATE: July 30th 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mahan and Son Moberly Mo
20. FILED: July 29, 1938 Eltha Clinton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937, 19..., to July 28 1938, 19...
I last saw her alive on July 28th 1938, 19..... Death is said to have occurred on the date stated above, at 1:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver.	3 yrs

Other contributory causes of importance: Unknown

Name of operation: No — Date of:
What test confirmed diagnosis: Clinical — Was there an autopsy? No

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) [signature], M. D.
(Address) Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

NOTE: Exact statement 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Frank D. D. Watt

Licensed Embalmer No. 3821

P. O. Address Moberly, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.