REC'D JAN 20 1939

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

43652

Do not use this space.

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1. PLACE OF DEATH

(a) County Lewis 2 Registration District No. 479

(b) Township LaBelle Primary Registration District No. 4288 Registered No.

(c) City LaBelle (d) Street No. 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 160 Jacob. Alonza Weber

(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 1869

7. AGE: YEARS 69 MONTHS 9 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) LaBelle Lewis Co. Mo.

FATHER

13. NAME Jacob. Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Ridge Mo.

MOTHER

15. MAIDEN NAME Mary Frances Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs William Blair LaBelle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE LaBelle Cemetery DATE Dec. 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James T. Cooper & Son's LaBelle, Mo.

20. FILED 12/10 1938 J L Bowen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1938, to December 7, 1938

I last saw him alive on December 6, 1938 Death is said to have occurred on the date stated above, at 5 P m.

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

uremia Poisoning Resulted from Rostate Retention of urine

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Date of onset

Other contributory causes of importance:

seme he had Liver and Stomach trouble

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?

If so, specify

(Signed) J. L. Cooper D.O. M.D.

43 (Address) LaBelle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

RECEIVED
District Health Officer No. 19
District File Number 19-38-867
Date Filed 1/2/39

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~~, James T. Coder & Sons, ~~or~~ by William Coder, Registered Apprentice No. ....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address LaBelle, Mo.

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

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