

APR 13 1939

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

10820
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2007 Registered No. 233
(c) City SPRINGFIELD (d) Street No. 223 7th Belmont 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. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Weddell
(a) Residence, No. 323 No Belmont 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 - 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 59 11 4 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retailer
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) Petersburg, Ind.
13. NAME Tom W Weddell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
15. MAIDEN NAME Anna Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
17. INFORMANT (ADDRESS) Clara Weddell
18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE 3/19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Newton & Wagoner
20. FILED Mar 19 1939 Clara A George Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1939, to Mar 18 1939
Last seen h. in alive on Mar 17 1939 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset Feb 26
Other contributory causes of importance:
Chronic Hypertension
Chronic Nephritis
Name of operation None Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? None
(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) Newton & Wagoner M. D.
352-50 Medical Arts Bldg. Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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 *Walter E Hamilton*

Licensed Embalmer No. *3808*

P.O. Address *Springfield 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.