

50 JUL 17 1939

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

21829
Do not use this space.

1. PLACE OF DEATH

(a) County Cass ² Registration District No. 149
(b) Township Union ¹ Primary Registration District No. 5212 Registered No. _____
(c) City _____ (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

200 Edgar W. Weeks
(a) Residence, No. Cross - one 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Weeks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 - 1925
7. AGE YEARS 13 MONTHS 7 DAYS 27 IF LESS THAN 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) April 1939 11. Total time (years) spent in this occupation all life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Ill
FATHER 13. NAME John T Weeks - 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
MOTHER 15. MAIDEN NAME Kattie Henson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
17. INFORMANT Grace Weeks
(ADDRESS) Cleveland Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE West Union DATE April 30 1939
19. FUNERAL DIRECTOR R.W. Brownfield
(ADDRESS) Pleasant Hill Mo.
20. FILED 4-29 1939 West. Myers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1939
22. I HEREBY CERTIFY, That I attended deceased from April 10 1939 to April 29 1939
I last saw him alive on April 29 1939 Death is said to have occurred on the date stated above, at 4:50 P.M.
The principal cause of death and related causes of importance were as follows:
causes of Hemorrh
46
Other contributory causes of importance:
Myxoma
Hypertrophied prostate
Date of onset 1938
Name of operation _____ Date of _____
What test confirmed diagnosis? Chinidol 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) W A Moore M. D.
919 (Address) Cleveland 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Allen W. Brownfield, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. 3785
working under my personal supervision.

Signed Allen W. Brownfield
Licensed Embalmer No. 3785

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.)