NOV 24 1939

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

36786
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway
(b) Township
(c) City Skidmore
Registration District No. 630
Primary Registration District No. 4380
Registered No.
(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 34.0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Wallen Weddle Jr
(a) Residence, No. 3 same 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: 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 Anna Laura Weddle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1855
7. AGE: Years 83 Months 10 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
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) Frankford Pike County, Mo.

FATHER
13. NAME James W. Weddle Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Cornett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs J. W. Weddle Skidmore Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Skidmore Cemetery DATE Oct 8 1939
19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home (ADDRESS) 951 South Main Maryville Mo
20. FILED Oct 6 1939 Dr. J. C. Manning Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1939 to Oct 2 1939
I last saw him alive on Sept 13 1939. Death is said to have occurred on the date stated above, at 11:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance: Arteriosclerosis

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. C. Manning, M. D.
(Address) Skidmore 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.

WRITE PLAINLY, WITH INDELIBLE INK. DO NOT FOLD. DO NOT ROLL. DO NOT WRITE ON THIS MARGIN.

1 X14023

RECEIVED
District Health Officer No. 11
District File Number 1139-1564
Date Filed NOV 25 1939

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, W. Dean Campbell, or by

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

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.