

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

37318
 Do not use this space.

NOV 24 1939

1. PLACE OF DEATH
 (a) County Schuyler Co. 3 Registration District No. 805
 (b) Township Glenwood Primary Registration District No. 6049 Registered No. 70
 (c) City 1 (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 Leslie Ray Weldon
 (a) Residence, No. Glenwood Mo. 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) Dec 22 1919
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 9 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Boy
 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 Schuyler Co. Mo.

FATHER 13. NAME Fred Weldon

14. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY Schuyler Co. Mo.

MOTHER 15. MAIDEN NAME Florence Lamb

16. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY Davis Co Iowa

17. INFORMANT (ADDRESS) Fred Weldon
Glenwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove C DATE Oct 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Moreheads'
Lancaster Mo.

20. FILED Oct 18 1939 Byrd J. Drake Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3 1939

22. I HEREBY CERTIFY, That I attended deceased from October 3 1939, to October 3 1939
 I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:40 pm.
 The principal cause of death and related causes of importance were as follows:

Crushed skull and fracture 4th cervical vertebra

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Oct 3 1939
 Where did injury occur? 1/2 mile east Glenwood, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public highway #4

Manner of injury Head struck partitioned log
 Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) F. V. Downing, Coroner
Downing, Mo. (Address)

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.

2109.

RECEIVED

District Health Officer No. 10

District File No. 11-39-1962

Date Filed NOV 8 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,

Minnie And True Morehead, or by

Registered Apprentice No., working under my personal supervision.

Signed Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

37318
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Registered No. 70

1. PLACE OF DEATH
 (a) County Schuyler Registration District No. 805
 (b) Township Blended Primary Registration District No. 6049
 (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 Leslie Ray Weldon
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (Write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>19</u>	<u>9</u>	<u>11</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

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

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19__

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
crushed skull and fracture of cervical vertebrae

Date of onset 21 8 39

Other contributory causes of importance: _____

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? Accident Date of injury Oct 3 1939
 Where did injury occur? Newport, Schuyler Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Collision with the motor vehicle
 Manner of injury Auto accident
 Nature of injury Crushed skull - 4th Cerv. vertebra fractured

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify H. U. Devinney, Esq.
 (Signed) Doussing (Address) _____

SUPPLEMENT

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar

