

FILED MAR 19 1941

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

Do not use this space.

7800

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 11111)

Registration District No. 668
Primary Registration District No. 668-3032

File No. 69
Registered No. 69
St. 1 Ward

2. FULL NAME

(a) Residence, No. Sedalia St. 11111 Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) Jan 5, 1861

7. AGE YEARS MONTHS DAYS 80 1 12 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, 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) Shaysville Ill

FATHER 13. NAME George Mann Weed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Harriet Bissenden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT S. W. Carey
(ADDRESS) Vincennes Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shaysville Ill DATE 2/19-1941

19. UNDERTAKER Mc Laughlin Bros
(ADDRESS) Sedalia

20. FILED 2/19-1941 Mr. Harry Snel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1941

22. I HEREBY CERTIFY, That I attended deceased from March 1940 to Feb 17 1941

I last saw him alive on Feb 17 1941. Death is said

to have occurred on the date stated above, at 5:45 pm.

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

Carcinoma of Pelvic Bones
probably a metastasis from prostate
Date of onset Jan 1940

Other contributory causes of importance: 51 lb

Name of operation none Date of

What test confirmed diagnosis? X Ray 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

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) A. L. Waller M. D.

(Address) Sedalia Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
3-13-41
Date Filed