

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

Do not use this space.

35634

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City Marshall (No. ....)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 141  
St. .... Ward)

**2. FULL NAME**

Marcin Henry Wehmyer

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 2 1927</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>1</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Malta Bend.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Oscar Wehmyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Charcoal  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Naomi Malles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin  
(STATE OR COUNTRY) Mo.

14. INFORMANT Oscar Wehmyer  
(Address) Malta Bend Mo

15. FILED 11/8 1927 J. Manning  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1927, to Nov. 7, 1927, that I last saw him alive on Nov. 7, 1927, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pyloric stenosis congenital

15710 (duration) yrs. mos. ds. 10

CONTRIBUTORY (SECONDARY) 15/10/27  
(Signed) Hessiker, M. D.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diag.  
(Signed) Hessiker, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grand Pass, Mo. DATE OF BURIAL Nov 8 1927

20. UNDERTAKER Vandner-Heist ADDRESS Marshall 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.

PERMANENT RECORD

