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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 25114
Township — Primary Registration District No. 2002 — Registered No.
City Joplin, Mo. (No. St. Johns Hosp. St. Ward)

2. FULL NAME Isadore Weyler
(a) Residence, No. St. Johns Hosp. St., Formerly Galena Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Record
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1868
7. AGE YEARS 66 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail
10. Date deceased last worked at this occupation (month and year) 3 yrs
11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Baruch Weiler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Lotta Kuhn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mose Weiler Connor Hotel
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence DATE July 23, 1934
19. UNDERTAKER (ADDRESS) Frank Gieverts Joplin Mo
20. FILED 7-21, 1934 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932, to July 21, 1934
I last saw him alive on July 21, 1934. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Colitis 97 B 100 B 8761
Date of onset
Other contributory causes of importance:
Peripheral Sclerosis
Name of operation None 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? No
If so, specify
(Signed) A. M. Mitchell Lizzy, M. D.
(Address) Joplin, Mo.