

DEC 2 2 1934

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

Do not use this space. ✓

39306

## 1. PLACE OF DEATH

County

Township

City

Jackson

Blue ~~Bluff~~~~Blue Bluff~~

(No. \_\_\_\_\_)

Registration District No.

Primary Registration District No.

398

2534

File No.

Registered No.

389

St.

Ward)

## 2. FULL NAME

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred

James P. Weddle

11829 E. 25th St.

Ward.

(If nonresident, give city or town and State)

2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Widowed

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

July 27, 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

87

3

25

OCCUPATION

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

Shoe Maker

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)

1928

11. Total time (years) spent in this occupation

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

Floyd Co Virginia

MOTHER, FATHER

13. NAME

Alec Weddle

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

Floyd Co Va.

15. MAIDEN NAME

Susanna Weddle

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

Va.

17. INFORMANT (ADDRESS)

Mrs A. Stowell 11829 E 25th

18. BURIAL, CREMATION, OR REMOVAL

PLA. Maund Grove DATE Nov 26 1934

19. UNDERTAKER (ADDRESS)

C. D. Carson

20. FILED

11-24-34

F. L. Cook

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Nov 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov 20, 1934, to Nov 22, 1934

I last saw him alive on Nov 22, 1934. Death is said

to have occurred on the date stated above, at 5:30 P.M.

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

Mital insufficiency with failure of compensation

Date of onset

Other contributory causes of importance:

Renal myocarditis

Name of operation

None Date of \_\_\_\_\_ 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) W. Allen, M. D.

(Address) Independence 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.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover  
 Mr. E. A. Tamm  
 Mr. Clegg  
 Mr. Glavin  
 Mr. Ladd  
 Mr. Nichols  
 Mr. Rosen  
 Mr. Tracy  
 Mr. Carson  
 Mr. Egan  
 Mr. Gurnea  
 Mr. Hendon  
 Mr. Pennington  
 Mr. Quinn  
 Mr. Nease  
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover  
 Director