APR 17 1936

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

Do not use this space.

10038

1. PLACE OF DEATH

County: Dunklin — Registration District No.: 288 — File No.:

Township: 2nd — Primary Registration District No.: 5406 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME Frank Wesentiger

(a) Residence, No. Wilhelmina St., Ward.
(Usual place of abode) County Farm (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: M
4. COLOR OR RACE: W
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): Exact date unknown

7. AGE: About 70 YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

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): Chicago Ill.

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): High Lemonds Supt Co Farm Kennett

18. BURIAL, CREMATION, OR REMOVAL
PLACE: County DATE: March 11th, 1936

19. UNDERTAKER (ADDRESS): County Kennett

20. FILED: April 2, 1936 Wheeler Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar Feby 1, 1936, to March 10th, 1936

I last saw him alive on March 8th, 1936. 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:

Chronic Interstitial Nephritis — 131

Date of onset

Other contributory causes of importance:

General Asterisk Clerosis

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? 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) Wheeler Davis, M. D.

(Address) Kennett Mo