

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

Do not use this space.

MAY 31 1937

File No. **17190**

1. PLACE OF DEATH.

County **Perry**
 Township **Bridgman**
 City (No.) St. Ward)

Registration District No. **657**
 Primary Registration District No. **5874**

Registered No. **6**

2. FULL NAME

Konrad Heinrich Ferdinand Weiss

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) **Margdalena Ernestine Weiss**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 4th 1857**

7. AGE YEARS **79** MONTHS **10** DAYS **3** If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) **January 1, 1931** 11. Total time (years) spent in this occupation **50**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Attenburg Mo**

13. NAME **Konrad Weiss**

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

15. MAIDEN NAME **Milhelujna Rabold**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sadowy Germany**

17. INFORMANT (ADDRESS) **Alfred Weiss Wittenberg, Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wittenberg cemetery** DATE **April 12 - 1937**

19. UNDERTAKER (ADDRESS) **Young & Son Plevville Mo.**

20. FILED **4-8-1937** **Adolph K. Schmidt** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 7th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **September 8th 1935** to **April 7th 1937**

I last saw him alive on **April 16th 1937** Death is said to have occurred on the date stated above, at **6:30 P. m.**

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

Myocarditis, Chronic
Atherosclerosis, General

Date of onset **2 yrs**

Other contributory causes of importance:

a3c

Name of operation Date of
 What test confirmed diagnosis? **P. Ex** 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 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 **Theodor Fischer** (Signed) M. D.
Attenburg, Mo (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

