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.

REC'D NOV 18 1938

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

35840
Do not use this space.

1. PLACE OF DEATH
(a) County Howard — Registration District No. 380
(b) Township Franklin — Primary Registration District No. 5530 — Registered No. 24
(c) City — (d) Street No. R.F.D. # 1 New Franklin, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 235 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Taylor B. Weston
(a) Residence, No. R.F.D. # 1 New Franklin, Mo. St.
(Usual place of abode, if no street address, write county or city) (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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1873

7. AGE: Years 64 — Months 10 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Eureka Springs, Mo.

FATHER
13. NAME Alex Weston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Barbara Bonnen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County, Mo.

17. INFORMANT Mrs. Taylor Weston
(ADDRESS) R.F.D. # 1 New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pleasant DATE Oct. 23, 1938

19. FUNERAL DIRECTOR (NAME) L. J. Meuter
(ADDRESS) Boonville, Mo

20. FILED 10-23, 1938 Clara V. Landrum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938, to Oct 21, 1938
I last saw h. alive on Oct 20, 1938. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 14-38
Pleurisy R & L	Oct 14-38

Other contributory causes of importance: Myocarditis unknown

Name of operation none Date of
What test confirmed diagnosis? — 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
(Signed) G. L. Cumberlan, M. D.
(Address) New Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. G.L. Chamberlin
New Franklin, Mo.

Dr. G.L. Chamberlin
New Franklin, Mo.

EIVED

ct Health Officer No. 8,

File Number 11/4/3

ified

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, L.J. Mer

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L.J. Mercer

Licensed Embalmer No. 2232

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.