

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. **JUL 20 1933**

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

Do not use this space.

30304

1. PLACE OF DEATH

County Moniteau
Township Burriss Fork
City (No.) (Ward)

Registration District No. 214
Primary Registration District No. 5294
7413

File No.
Registered No. 16
St. Ward)

2. FULL NAME William A. Weaver

(a) Residence, No. Enon, Mo. St., Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 2 6

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.
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) Ohio

13. NAME William Weaver

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

15. MAIDEN NAME Susan Arnett

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

17. INFORMANT Ben Weaver (ADDRESS) Enon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point N.W.A. DATE Sept. 10t, 1933

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Sept. 10 1933 Wm. H. L. L. Russellville, Mo. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8th, 1933 1933

I HEREBY CERTIFY that I attended deceased from May 10 1930 to Sept 8 1933
I last saw him alive on August 19, 1933 Death is said to have occurred on the date stated above, at 3-A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1929
930
950
930
Other contributory causes of importance:
Acute dilatation of Heart Sept. 8 1933

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) W. L. Lurie M. D.
(Address) Russellville, Mo

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000