

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St. Louis (NO. 4249 Grove St.)

Registration District No. _____

Primary Registration District No. 797File No. 29737Registered No. 10189

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Harry Weaver

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)DATE OF DEATH Nov 19, 1911
(Month) (Day) (Year)DATE OF BIRTH Nov 15, 1895
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov 14, 1911, to Nov 19, 1911,
that I last saw him alive on Nov 19, 1911,
and that death occurred, on the date stated above, at 2:20 p.AGE 36 yrs. - 4 mos. 4 ds. IF LESS than
1 day, ____ hrs. or ____ min.?The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
23A HCOCCUPATION (a) Trade, profession, or particular kind of work Whitener
(b) General nature of industry, business, or establishment in which employed (or employer) 6-26

(Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE (City or town, State or foreign country) Ills.(Signed) J. J. Condict M. D.
1149 E. Grand 1911 (Address) 2104 E. GrandNAME OF FATHER Joseph H. Weaver

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ills.MAIDEN NAME OF MOTHER Jane DarwinBIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Henry Ross
(ADDRESS) 4249 Grove St.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Davary Cemetery DATE OF BURIAL Nov 22, 1911UNDERTAKER A. Thon & H. Leo ADDRESS 2826 N. GrandFILED NOV 20 1911 1911 Max Starkloff REGISTRAR

A. J.

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

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

County _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township _____

Registration District No. 791

File No. _____

Village _____

Primary Registration District No. 1003Registered No. 10189City St. Louis (NO. _____)

St.: _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Nancy Weaver

PERSONAL AND STATISTICAL PARTICULARS

 SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
 (If wife the word)

 DATE OF BIRTH 11-15, 1875
 (Month) (Day) (Year)

 AGE 36 yrs. — 4 mos. — 4 ds. IF LESS than 1 day, ___ hrs or ___ min.

 OCCUPATION (a) Trade, profession, or particular kind of work Whiteener
 (b) General nature of industry, business, or establishment in which employed (or employer) White Hatters

 BIRTHPLACE (City or town, State or foreign country) Ill.

 PARENTS
 NAME OF FATHER Geo. W. Weaver
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill.
 MAIDEN NAME OF MOTHER Jane Darwin
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Mrs. Mary Lacy
 (ADDRESS) 4249 Grove St.

 Filed Jan 18 1911 A. G. Goodgrate REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH 11-19, 1911
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from _____, 191____, to 11-19, 1911,
 that I last saw him alive on _____, 191____,
 and that death occurred, on the date stated above, at 2:30 m.

 The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
 (Duration) _____ yrs. _____ mos. _____ ds.

 Contributory (SECONDARY) _____
 Duration _____ yrs. _____ mos. _____ ds.
 (Signed) J. J. Purdie M. D.
11-24, 1911 (Address) 2104 E. Grand

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

 PLACE OF BURIAL OR REMOVAL Calvary Cem. DATE OF BURIAL 11-27 1911

 UNDERTAKER A. Low & Co. ADDRESS 2826 N. Grand
Original file, date NOV 18 1911

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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