

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

Do not use this space.

30328

**1. PLACE OF DEATH**

County.....Jackson..... Registration District No.....399  
 Township.....Kaw..... Primary Registration District No.....100  
 City.....Kansas City..... (No.....3620 Genessee..... St.....                     Ward)

File No.....                      
 Registered No.....                    

**2. FULL NAME** Homer J. Weaver,

(a) Residence. No.....3620 Genessee..... St., 5..... Ward.....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 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 Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Weaver,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 3, 1872.

7. AGE YEARS 55 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Mail Clerk.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Railway  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas  
 (STATE OR COUNTRY)

10. NAME OF FATHER J. Weaver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Garver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Mary C. Weaver  
 (Address) 3620 Genessee St.

15. FILED 10/10, 1927 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 27

17. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    ,  
 that I last saw h..... alive on                     , 19                    , and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ruptured aneurysm of  
aorta

CONTRIBUTORY (SECONDARY)                       
 (duration).....yrs.....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED                       
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?                      DATE OF.....

WAS THERE AN AUTOPSY?                     

WHAT TEST CONFIRMED DIAGNOSIS?                       
 (Signed)                     , M. D.  
 , 19 (Address)                     

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL Oct. 11 19 27

20. UNDERTAKER H. W. Gates. ADDRESS K.C.Ks.

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.

THIS IS A PERMANENT RECORD

SECRET

CONFIDENTIAL



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