JAN 3 1928

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

Do not use this space.

32772

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 1156

City: St. Joseph, (No. Missouri Methodist Hosp, St. Ward)

2. FULL NAME: Frank Casey Weaver

(a) Residence. No. 1117 Garfield Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rena Weaver

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 16, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	1	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retail Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gallatin, Mo.

PARENTS

10. NAME OF FATHER: Eugene B. Weaver

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mrs. Rena Weaver
(Address) 1117 Garfield Ave.

15. FILED: NOV 12 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 10, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to November 10, 1927, that I last saw him alive on November 10, 1927, and that death occurred, on the date stated above, at 8.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia and Abscess of Left Lung. Non Tuberculer

11A Influenza

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY): Influenza That and a its Sequalle

(duration) yrs. mos. 28 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 1117 Garfield Ave

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Microscopic

(Signed) [illegible], M. D

Nov. 11, 1927 (Address) 208 Kirkpatrick Bldg

*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 Cemetery — DATE OF BURIAL: Nov. 12, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.

PERMANENT RECORD