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

Do not use this space.

16164

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph. (No. ..... St. ..... Ward)

File No. 553

Registered No.

2. FULL NAME Franklyn G. Weary

(a) Residence. No. 304 E. Missouri Ave. St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alleen Smith Weary.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1862.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	1	12	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stevenson Co.
(STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER Franklyn ~~[illegible]~~ Weary

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

12. MAIDEN NAME OF MOTHER Mollie Grimm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Center Township
(STATE OR COUNTRY) Pa.

14. INFORMANT U S Weary
(Address) Junction City Kan.

15. FILED MAY 4 1928 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1928

17. I HEREBY CERTIFY, That I ~~attended~~ deceased from Vera on May 2, 1928, to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 4 30/p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

P. P.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 74 A1

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? viewed.

WHAT TEST CONFIRMED DIAGNOSIS? View & History

(Signed) J. W. Mays Coroner M. D.

5/3, 1928 (Address) St Joseph Mo

*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: Mt. Mora Cemetery

DATE OF BURIAL: May 4, 1928

20. UNDERTAKER: Fred A Clark

ADDRESS: 5025 King Hill Av

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.