22 1923

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

Do not use this space.

29852

1. PLACE OF DEATH
County Butler
Township Poplar Bluff
City Poplar Bluff (No. 639 S. 5th St. Ward)
Registration District No. 89
Primary Registration District No. 3007
File No.
Registered No. 194

2. FULL NAME Edward Carson Weakley
(a) Residence. No. Poplar Bluff, 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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tessie Weakley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 – 1893

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	0	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rail Road Switchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Missouri Pacific

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

PARENTS
10. NAME OF FATHER Garland Carson Weakley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Anna Fox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Otto William Weakley
(Address) Poplar Bluff, Mo.

15. FILED R#3 Box 185 Sept 4 28 – Dr B J Clus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Sept 3, 1928 that I last saw him alive on Sept 3 1928, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 129a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H M Kerrichner, M. D
9 4, 1928 (Address) Poplar Bluff 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: Woodlawn
DATE OF BURIAL: Sept 4 1928

20. UNDERTAKER: A. W. Greer, Poplar Bluff, Mo.
ADDRESS

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.