MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS PRIACE OF DEATH CERTIFICATE OF DEATH County Franklin Registration District No. File No..... Township Primary Registration District No. Registered No. Washington 2. FULL NAME Savanah Hildred Weaver (a) Residence. No. Silerton. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occur How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Female White Married FY. That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED THU GBAND OF (OR) WIFE OF Jos. B. Weaver death occurred, on the date stated above. 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1901 18. 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. 28 ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or Housewife particular kind of work... CONTRIBUTORY (b) General nature of industry, (SECONDARY) business, or establishment in which employed (or employer)..... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED Tune 9. BIRTHPLACE (CITY OR TOWN)... IF NOT AT PLACE OF DEATH. (STATE OR COUNTRY) Tennessee DID AN OPERATION PRECEDE DEATH? DATE OF...... 10. NAME OF FATHER James Peters WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) Tennessee 12. MAIDEN NAME OF MOTHER Samantha Scoggins May 25, 1929 (Address) /State the Disease Causing Death, or in deaths free Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) Tennessee HOMICIDAL. 14. Jos. B. Weaver 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT.... Silerton, Tenn. (Address) Silerton, Tennessee 20. UNDERTAKER Otto & Co., Washington, Mo.

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	BUREAU OF VI	TAL STATISTICS FOR MUS	RMATION CALLED T BE WRITTEN ON PLEMENTARY.
PHYSICIANS should state PATION is very important.	1. PLACE OF DEATH County Translation District No. 997 File No. Township Primary Registration District No. 90 (a Registered No. 0 City Ushfraglor (No. 8t. Ward) 2. FULL NAME Salarah Hiller Ward. (a) Residence. No. (Usual place of abode) (If nonresident, give city or town and State)		(C) (Ward)
OCCUPA	Length of residence in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U.S., if of foreign birth?	rs. mos. ds.
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	Sa. IF MARRIED, WIDOWED, OR DIVORCED	I HEREBY CERTIFY, That I attended deceased from	
ا ﴿ مُمَّا إِ	HUSBAND OF (OR) WIFE OF		, 19, and that
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	business, or establishment in which employed (or employer)	18. WHERE WAS DISEASE CONTRACTED WINING	fire explosion
should be secthat i	9. BIRTHPLACE (CITY OR TOWN)	DID AN OPERATION PRECEDE DEATHY	
	10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WAS THERE AN AUTO SYT	O.Z
inform printiti	(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER	(Signed)	, М. D.
ten of Eath in BHALL	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicoal	
N. B.—Pery A.G. OF DI EGISTRARS	14. INFORMANT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
N. B.— CASCS PEGIST	15. FILEMAY 2519 29 O. K. Muerch REGISTRAR	20. UNDERTAKER	ADDRESS
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