

K. 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.

DEC 22 1930

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

Do not use this space.  
35919  
16  
16

1. PLACE OF DEATH  
 County St. Louis Registration District No. 944  
 Township Jefferson Primary Registration District No. 5447B  
 City Shrappard (No. R.R. # 2) (St. \_\_\_\_\_ Ward)

2. FULL NAME Loeas Weaver  
 (a) Residence. No. Shrappard R.R. # 2 St. # 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lily Weaver  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1900  
 7. AGE YEARS 72 MONTHS — DAYS — IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) York (STATE OR COUNTRY) \_\_\_\_\_  
 10. NAME OF FATHER John S. Prosser  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lebanon (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Lily  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lebanon (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Sam Weaver  
 (Address) 833 S. Bellevue  
 FILED 12/22 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14 1930  
 17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Patulous Heart Trouble  
92R  
162 (duration) 5 yrs. mos. da.  
 CONTRIBUTORY None (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. da.  
 18. WHERE WAS DISEASE CONTRACTED None  
 IF NOT AT PLACE OF BIRTH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) William J. McNamee, M. D.  
11/30, 19 (Address) Springfield 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 Weaver Cem DATE OF BURIAL 12/30  
 20. UNDERTAKER James J. McNamee ADDRESS \_\_\_\_\_

