CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Henry — Registration District No. 3 51 4 20 8 — File No. 5293

Township Farmers — Primary Registration District No. ~~[illegible]~~ — Registered No. 3

City Deepwater, MO (No. ..... St. ..... Ward)

2. FULL NAME Silas B. Weaver

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

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: Mrs Silas Weaver

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 6 - 1845

7. AGE: Years 85 — Months 3 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Deming Co Ky

PARENTS

10. NAME OF FATHER: David Weaver
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.
12. MAIDEN NAME OF MOTHER: Nancy Ball
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

14. INFORMANT: H. S. Weaver
(Address) Kansas City MO

15. FILED Feb 14, 1931 J. J. Russell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 27-30 ~~Feb 13~~, 1931, to Feb 13, 1931, that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 11 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
Bronchopneumonia
- Empyema 110A
(duration) ..... yrs. 10 mos. 79 ds.

CONTRIBUTORY (SECONDARY) 163
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 11-31

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. J. Russell, M. D.
Feb 13, 1931 (Address) Deepwater

*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: Maplewood Cem — DATE OF BURIAL: Feb 15, 1931

20. UNDERTAKER: Tom Hurst — ADDRESS: Deepwater Mo