Dr Lowe

Do not use this space.

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

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 9530
Township — Primary Registration District No. 244 — Registered No. 221
City Springfield (No. St. Johns Hosp St. Ward)

2. FULL NAME Earl F. Weaver
(a) Residence, No. Lebanon 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 M
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~~ Pearl Weaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE about 37 YEARS — MONTHS ✓ — DAYS ✓ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 1/2
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaClede Co Mo

FATHER
13. NAME John Weaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Pearl Weaver Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon DATE 3/21 1931

19. UNDERTAKER (ADDRESS) Herman H. Lohmeyer Springfield Mo

20. FILED 3-20 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19 1931

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 29, 1931
I last saw him alive on Mch ~~20~~ 19, 1931 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess perforating into pleura 123 C	Dec 1930
118 C	
129	

Other contributory causes of importance:
This was in the beginning a sub-phrenic abscess of Gastro intestinal origin rupturing into lung and pleura.
Name of operation ~~Mch 6th~~ Resection of rib Date of Mch 6
What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H A Lowe, M. D.
(Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 23 1931

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