

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

Do not use this space.

20895

1. PLACE OF DEATH

County Clay
Township Kearney
City X (No. _____)

Registration District No. 200
Primary Registration District No. 5-74B

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Willie G. Weber

(a) Residence, No. _____ St. _____ Ward _____
(Unusual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry C Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME W. G. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Nancy Burston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Henry C Weber

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney Mo DATE June 8, 1931

19. UNDERTAKER (ADDRESS) C. W. Keibel

20. FILED 6/8/31 19 Miss L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1931, to June 7, 1931

I last saw him alive on June 7, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Embolic cerebral
82B
11B

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Burston Maltby, M. D.
(Address) Liberty Mo

Date of onset

May 27
1931

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.

JUL 23 1931

