

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

Do not use this space.

37594

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3202 Windsor Ave. _____ St. _____ Ward)

File No. _____
Registered No. 4455

2. FULL NAME William C. Weaver

(a) Residence, No. 3202 Windsor Ave. St. 9 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 42 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*) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 29

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

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) Penn.

13. NAME Joseph Weaver

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

15. MAIDEN NAME Isabella Johnston

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

17. INFORMANT Robert J. Weaver (ADDRESS) K. C. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE 11-7 1931

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K.C. MO

20. FILED 11-5 1931 M. M. Crone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1931

I HEREBY CERTIFY, That I attended deceased from Aug 1930, 1930 to Nov 5, 1931

I last saw him alive on Nov 5, 1931. Death is said to have occurred on the date stated above, at 1234 m.

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

Myocarditis chronic Date of onset _____

Other contributory causes of importance:

Obesity

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1931

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? _____

If so, specify Forest J Foster, M. D.

(Address) 638 Lathrop Bldg

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.

11.33 - 11.00

100.5 Total.