

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.

MAY 25

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

Do not use this space.

12905

1. PLACE OF DEATH
 48 County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 3338
 City (No.) St. Ward

File No. _____
 Registered No. 23

2. FULL NAME Otto Weber
 (a) Residence, No. Martin City Mo. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 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 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 Laura Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retained
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
 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) Germany

FATHER
 13. NAME John Peter Weber
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Agustina Knipper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Laura Weber
 (ADDRESS) Martin City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill Cemetery April 8th 1902

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED 4-6-02 D. J. Cannon
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1902
 22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1902, to April 5, 1902
 I last saw him alive on April 5, 1902 Death is said to have occurred on the date stated above, at 6:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
Nephritis
 Other contributory causes of importance: 13
 Date of onset

Name of operation Physical examination Date of _____
 What test confirmed diagnosis? Spec. 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Frances J. Henry
 (Signed) _____, M. D.
 (Address) 2810 Harrison St.
Kansas City, Mo.

Prof. [unclear]
276 [unclear]

Jan. 23. 2