

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

Do not use this space.

29267

1. PLACE OF DEATH

County Jackson Registration District No.
Township Rear Primary Registration District No.
City Kansas City (No. 1322 E. 28th) St. Ward)

File No.
Registered No. 3440
St. Ward)

2. FULL NAME

(a) Residence, No. 1322 E. 28th St., 4 Ward. (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Weaver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jun 18, 1868</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Const.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>114</u>		
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) <u>Ohio</u> <u>2</u>		
13. NAME <u>SAMUEL WEAVER</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DONT. KNOW</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>R. S. Kanapp</u> <u>1322 E. 28th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield Mo</u>		
19. UNDERTAKER (ADDRESS) <u>H. Tigerman & Sons</u> <u>2768 Prospect</u>		
20. FILED <u>Sept 11, 1932</u> <u>M. M. Croove</u> <u>Asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to Sept 11, 1932
I last saw h. in alive on 9/11/32, 19.... Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:
Heart Disease
Cardiac Failure
(Chronic myocarditis) Date of onset
1929

Other contributory causes of importance:
ASC
11/10
AV

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? no
If so, specify.....
(Signed) J. Estovers, M. D.
(Address) John J. Kelly R.C.M.W.

WRITE CLEARLY, 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.

Dr. Campbell

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