

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

Do not use this space.

19499

1. PLACE OF DEATH
 40 County Linn Registration District No. 3
 4 Township _____ Primary Registration District No. 2077
 1 City Trenton Mo (No. Cellars Hospital) St. _____ Ward _____

2. FULL NAME Robert H. Weems
 (a) Residence, No. _____ 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 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 Jana A. Weems

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Jan 1-33 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Leaphil A. Weems

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

MOTHER 15. MAIDEN NAME Mary Ward

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

17. INFORMANT Mr. Jana A. Weems
 (ADDRESS) Trenton city Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Central DATE Jan 2-1933

19. UNDERTAKER W. D. Haines
 (ADDRESS) Trenton city Mo.

20. FILED 17 June 1933 E. O. Kuffly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 June 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 6, 1933
 I last saw him alive on June 6, 1933. Death is said to have occurred on the date stated above, at 5 p. m.
 The principal cause of death and related causes of importance were as follows:

June 3-1933 Date of onset
Strangulated Hernia
 1280
 Other contributory causes of importance: 1/2 2/2

Name of operation Herniotomy-Resection Date of June 4-1933

What test confirmed diagnosis: operative 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 _____

(Signed) E. H. Hauler, M. D.
 (Address) Trenton, 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.

