

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

Do not use this space.

26923

1. PLACE OF DEATH
 County Lewis Registration District No. 480
 Township Union Primary Registration District No. 5645
 City (No.) St. Ward)

File No.
 Registered No. 22

2. FULL NAME Frank 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

MEDICAL CERTIFICATE OF DEATH

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 Married Weems Mrs Dora
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1862
 7. AGE YEARS 71 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6th 19 33
 22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 9:08 a.m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Aug 5 - 1933 11. Total time (years) spent in this occupation. 10 yrs.

being struck by passenger train engin on C. B. & O. R. R. accident
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

Other contributory causes of importance:
not 107

13. NAME Jesse H. Weems

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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

15. MAIDEN NAME Louise Spunball

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Ill

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

17. INFORMANT C. S. Weems (ADDRESS) Quincy Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy, Ill. DATE August 7 1933

19. UNDERTAKER Albert Duker (ADDRESS) Quincy, Ill.

20. FILED Aug 7 1933 W. Bell Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
 (Signed) Arthur H. Robert
 (Address) La Grange, Mo

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.

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