

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Camphill Primary Registration District No. 2001
 City Springfield (No. Spfg. Baptist Hospital) (Ward)

File No. 32750
 Registered No. 702

2. FULL NAME J. S. Weaver

(a) Residence, No. Oak, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 - 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 6 5 21

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

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) Arkansas

13. NAME Mr. Ed. Weaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gainesville, Mo.

15. MAIDEN NAME Paralee Hoffmann

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

17. INFORMANT Henry Weaver

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak, Mo. DATE 10-4-1933

19. UNDERTAKER (ADDRESS) B. C. Ketchum

20. FILED 10-6-1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 4 1933

I last saw him alive on Oct 4 1933 Death is said to have occurred on the date stated above, at 11:20 am.

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

Multiple fractures of skull.
was getting into car which was parked on side of road, passing auto struck him.
 Other contributory causes of importance: automobile accident - great loss of blood

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10-2-1933

Where did injury occur? Grass field on highway near (Specify city or town, county, and State)

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

Manner of injury Automobile accident

Nature of injury multiple fractures leg

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Jaed R. Farthing M.D.

(Address) 509 Medical Bldg. Springfield, 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.

NOV 10 1933

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