

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

Do not use this space.

346

85

237

PLACE OF DEATH

County Buchanan Registration District No. _____
 Township St. Joseph Primary Registration District No. 1111
 City St. Joseph (No. State Hosp #2) St. _____ Ward _____

File No. _____
 Registered No. 52

I. NAME William Clarence Weakley
 Residence, No. _____ St. _____ Ward Lower, Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Le if 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>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1859</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Lower, Mo</u>		
FATHER	13. NAME <u>Granville Weakley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky Ark</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
FORMANT (ADDRESS) <u>Keising State Hosp St. Joseph Mo</u>		
BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Lower Mo</u>	DATE <u>1-14</u> 19 <u>34</u>
UNDERTAKER (ADDRESS)	<u>Nelson & Sons, St. Joseph Mo</u>	
20. FILED	<u>1-13-34</u> <u>John R. Bender</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934

22. I HEREBY CERTIFY that I attended deceased from 11-6 1933, to Jan 13 1934.
 I last saw him alive on Jan 13 1934. Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia 1/5/34
10:10 A
10:10 A
10:10 A

Other contributory causes of importance:
Cerebral Hemorrhage 11/6/34
Pneumonia

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

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) W. Clayton Smith M. D.
 (Address) St. Joseph Mo

