

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

Do not use this space.

1326

1. PLACE OF DEATH

County Jackson Registration District No. 353
 Township Woodland Primary Registration District No. 1000
 City W.C. Mo (No. 8520 Woodland) St. 302 (Ward)

2. FULL NAME

(a) Residence, No. 8520 Woodland 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 M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud May Weir
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-27-1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Western Union
 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) Indiana

13. NAME David Weir

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

15. MAIDEN NAME Eliza

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT Maud May Weir
 (ADDRESS) 8520 Woodland, W.C. Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Moriah DATE 1-22-1934

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 918 Broadway, W.C. Mo

20. FILED Jan 21 1934 M. J. Crowe Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 20, 1934
 I last saw him alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at 2:45 pm.
 The principal cause of death and related causes of importance were as follows:

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

Acute dilatation heart 1/14/34
927
958
 Other contributory causes of importance: Valvular insufficiency 1929

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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. M. Fair M. D.
 (Address) 404 1/2 W 75 W.C. 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.

130
 OCCUPATION
 MOTHER
 FATHER
 X
 X

