

1934

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

Do not use this space

Dr. Geo. H. ...

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 1) St. 1 Ward

File No. 268
Registered No. 20100

2. FULL NAME

Edward Weaver
(a) Residence, No. 601 No 7th St., 1 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

1. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1934

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

22. I HEREBY CERTIFY, that I attended deceased from Nov. 6, 1933, to June 12, 1934
I first saw h. live alive on June 11, 1934. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1879

to have occurred on the date stated above, at 1:19 p.m.

7. AGE YEARS 55 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

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

Carcinoma - Caecum Date of onset 1933

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Other contributory causes of importance: WV

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) Springfield Mo

13. NAME Ed Weaver

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ed Weaver

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park June 13, 1934

19. UNDERTAKER Francis B. Camp

20. FILED 6-12, 1934

Name of operation Saprotomy Date of Dec 18, 33
What test confirmed diagnosis? 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) Francis B. Camp, M. D.
(Address) 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.

