

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

Do not use this space.

DEC 14 1934

41903

1. PLACE OF DEATH

County Barton
Township Herzog
City (No. _____) _____

Registration District No. 41
Primary Registration District No. 5063

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Anna O. Weaver

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Dec-15-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 11 20

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

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) Webster County Missouri

13. NAME Wm. J. Weaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County Missouri

15. MAIDEN NAME Francis Penland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County Missouri

17. INFORMANT (ADDRESS) Mrs. J. G. Gillmartin Lathrop, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Worsely Cemetery DATE Dec 7th, 1934

19. UNDERTAKER (ADDRESS) C. F. Ronantzy Waverly, Missouri

20. FILED Dec 7th 1934 F. R. Spill Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12th 1934 to Dec. 5th 1934

I last saw her alive on Nov. 12, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Mitral Insufficiency Date of onset _____

Other contributory causes of importance: Enlarged heart. Nerve was normal. Infant birth.

Name of operation None Date of _____ Pulse _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) F. R. Spill, M. D.
(Address) Lathrop Mo.

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.

