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

Do not use this space.

MAR 2 3 1935

File No. 4943

Registered No. 13

1. PLACE OF DEATH
County Franklin
Township ~~Washington~~
City Washington (No. ..... , ... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME Jamie. Guy. Weaks
(a) Residence, No. 221 West Main Street St. Washington, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Katie Bledsoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22-1913

7. AGE — YEARS: 22 — MONTHS: 0 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
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): Batesville Ark

FATHER

13. NAME: Harvey Weaks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Batesville Ark

MOTHER

15. MAIDEN NAME: Alpha Rigle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Batesville Ark

17. INFORMANT (ADDRESS): Mrs Katie Bledsoe Weaks Washington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Mo Feb 10th 1935

19. UNDERTAKER (ADDRESS): Otto & Co Washington Mo

20. FILED Feb 8- 1935 N A Oman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 7- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1935, to Feb 7 1935
I last saw h[illegible] alive on Feb 7 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis complicated	Jan 28 1935

Other contributory causes of importance:

General septic Peritonitis	Feb 4 1934

Name of operation Laparatomy & Appendectomy Date of 2-6-35
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) R. B. Castles, M. D.
(Address) Washington 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD