

OCT 30 1935

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

Do not use this space.

32052

1. PLACE OF DEATH

County Callaway
Township Calwood
City (No.)

Registration District No. 108
Primary Registration District No. 3757A

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 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 <u>m</u>	4. COLOR OR RACE <u>w</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>Myra Weaver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12, 1888</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>1</u>
	DAYS <u>20</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>Retired Banker</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri13. NAME
A. C. Weaver14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri15. MAIDEN NAME
Anna Howell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri17. INFORMANT (ADDRESS)
Raymond Sharp
St. Louis, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cem. DATE Oct 7 193519. UNDERTAKER (ADDRESS)
Geo. J. Wallace
St. Louis, Mo.20. FILED Oct 7 1935 Mr. R. S. Simcoe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Death from bullet wound
is forked from 45 S.W.
remains. Self inflicted.
coroner jury verdict.

Other contributory causes of importance:

Name of operation W Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide Date of injury Oct 4th 1935Where did injury occur? 1/2 mile W. Bridge and Arkansas on
Highway # 40-100 St. Louis, Mo.
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) R. W. Holman, Coroner(Address) Callaway Co.

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.

RECORD, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 16 1945