

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.

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

APR 16 1936

Do not use this space.

38985-1

1. PLACE OF DEATH
County Clinton Registration District No. 205
Township..... Primary Registration District No. 4123
City Clinton (No.) St. Ward

File No.
Registered No.

2. FULL NAME William Gran Weakley
(a) Residence, No. St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 84 MONTHS 3 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Kentucky

FATHER 13. NAME Granville Weakley

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

MOTHER 15. MAIDEN NAME Elizabeth Weakley

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

17. INFORMANT (ADDRESS) Bryan Weakley, Gover mo

18. BURIAL, CREMATION, OR REMOVAL PLACE M. Canal DATE Dec 31

19. UNDERTAKER (ADDRESS) Stevenson mo

20. FILED 12-30, 1936 J.C. Guinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1935, to Dec 29, 1935.
I last saw him alive on Dec 29, 1935. Death is said to have occurred on the date stated above, at 4.4 m.

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

Uremia
Other contributory causes of importance:

Name of operation 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

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? 132 B
If so, specify

(Signed) J.C. Guinn, M. D.
(Address) Gover mo

