

Dr. Love

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

Do not use this space.

1. PLACE OF DEATH *Sept 23 1936*
 County *Mississippi* Registration District No. *567*
 Township *J. James* Primary Registration District No. *2463*
 City (No. St. Ward)

2: FULL NAME *George J. Weakley*
 (a) Residence, No. *Mississippi, Co.* St. Ward.
 (Usual place of abode)
 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.

File No. *49029*
Registered No. *2463* St. *65* Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 10th 1936*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *75*

OCCUPATION

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

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) *Mississippi, Co. Mo.*

MOTHER FATHER

13. NAME *George J. Weakley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi, Co. Mo.*

15. MAIDEN NAME *Jessie Jones*

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

17. INFORMANT (ADDRESS) *George J. Weakley, Wyatt, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *Sept. 11th 1936*

19. UNDERTAKER (ADDRESS) *Wm. N. Shelly, Post Praise, Mo.*

20. FILED *Sept. 10, 1936* *Duff* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 10 1936*

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 *3 P. m.*

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

Asphyxiation due to Cord Strangulation Date of onset *9/10*

Other contributory causes of importance:

SHTA

Name of operation _____ Date of _____

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? *no*

If so, specify _____

(Signed) *W. S. Love* M. D.
 (Address) *Charleston, 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.

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