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

MAY 15 1937

Do not use this space.

15123

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Blue — Primary Registration District No. 1002 — Registered No. 1000

City Weeds, Mo (No. Leeds, Hospital St. Ward)

2. FULL NAME Weaver- Charles

(a) Residence, No. 2434 Campbell St., Annex Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Weaver- Gayle.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1895

7. AGE: YEARS 41 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed.
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): Weavenworth Kansas

FATHER

13. NAME: Weaver- George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER

15. MAIDEN NAME: Johnson- Amanda
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

17. INFORMANT (ADDRESS): K. C. T. B. Hosp. Weeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Leavenworth Kans 4-7 1937

19. UNDERTAKER (ADDRESS): Adkins Bros. 2000 E. 12th K. C. Mo.

20. FILED Apr 7 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 11th, 1934, to April 3rd, 1937

I last saw him alive on April 3rd, 1937. Death is said to have occurred on the date stated above, at 9:20 A.m.

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

Pulmonary tuberculosis — Date of onset

23

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 ....., 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? .....

If so, specify .....

(Signed) O. W. Buckingham M.D.

(Address) Kansas City Mo