

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

Registration District No. 791
City Hospital No. 1003

File No. 18078
Registered No. 4654
St. Ward)

2. FULL NAME William Weaver

(a) Residence, No. 1916R Franklin St., 21 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Seperated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 57

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

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

13. NAME Willis Weaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2945 Lawton

15. MAIDEN NAME Nelia Thompaon

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

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE MAY 8 1937

19. UNDERTAKER J. J. James (ADDRESS) 2039 Wash St.

20. FILED MAY 6 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30-37 19

22. I HEREBY CERTIFY, That I attended deceased from 4-16-37 to 4-31-37, 19

I last saw him alive on 4-30-37 Death is said to have occurred on the date stated above, at 2:55 P.M.

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

Paralysis Agitans
g m w

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify W. S. Lewie, M. D.

(Address) 2945 Lawton

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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