

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.

JAN 17 1938

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

Do not use this space.

43961

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas

Registration District No. 399  
Primary Registration District No. 1002  
(No. 706 1/2 Fordy. Ave)

File No. 4864  
Registered No. 4864  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Matt Weaver

(a) Residence, No. 706 1/2 Fordy. Ave. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 — 18

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. Labor  
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) Mo.

MOTHER FATHER  
13. NAME Christ Weaver

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

MOTHER FATHER  
15. MAIDEN NAME Jennie Edward

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

17. INFORMANT Wm Weaver  
(ADDRESS) 914 Unionspt

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Greenwood DATE Dec 4-37

19. UNDERTAKER Panartino Bros.  
(ADDRESS) \_\_\_\_\_

20. FILED Dec 3 1937 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ 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:

Artery thrombosis  
Centrifugal aneurysm  
9412

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external cause (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 directly related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.  
(Address) [Signature]

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