

9 JAN 18 1938

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

Do not use this space.

45361

1. PLACE OF DEATH

County Green

Registration District No. 316

File No. 1148

Township

Primary Registration District No. 2001

Registered No. 1148

City Springfield Mo.

Springfield Baptist Hospital

St. _____ Ward _____

2. FULL NAME Mr. Amos Weaver

(a) Residence, No. Winona Mo. R#1 Ward. _____
(Usual place of abode)

Winona Mo R#1
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓ 33 4 28

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

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) Winona Mo

13. NAME Silas Weaver

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

15. MAIDEN NAME Ellie Swain

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

17. INFORMANT (ADDRESS) Mrs. Ella Weaver
Jacksfork, Mo R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion Cemetery DATE Dec 5 1937

19. UNDERTAKER (ADDRESS) Fred C. Frazier
Springfield Mo

20. FILED Dec 5 1937 Chas. U. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1937, to 12-4, 1937

I last saw him alive on 12-4-37, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

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

Appendicitis Acute Date of onset 11/23/37

Other contributory causes of importance: 1

Peritonitis general spreading 12/27/37

Name of operation Appendectomy Date of 12/28/37
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 _____, 1937

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) Robert S. ..., M. D.
(Address) Springfield

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.

