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

Do not use this space.

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1. PLACE OF DEATH

31 County Daviess — Registration District No. 250 — File No. 2584

Township Monroe — Primary Registration District No. 5349 — Registered No. 5

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jacob R. Weaver 160

(a) Residence, No. ..... St., ... Ward. Trenton, Missouri
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1869

7. AGE: YEARS 68 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Jan. 1934

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know Missouri 0

FATHER

13. NAME Daniel Weaver 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 9

MOTHER

15. MAIDEN NAME Mary Brosius

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. J. R. Weaver Trenton, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic Cemetery DATE Jan. 26 1938

19. UNDERTAKER (ADDRESS) Gipsons Trenton, Mo.

20. FILED Jan. 28 1938 H. A. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1938

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from Jan. 24, 1938, to ....., 19....

I last saw him Dead ~~alive on~~ Jan 24, 1938. Death is said to have occurred on the date stated above, at 5:30 PM

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

	Date of onset
Coronary Thrombosis	1936

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Other contributory causes of importance:

Myocarditis (Chronic)	Aug 1936

Name of operation ..... Date of .....

What test confirmed diagnosis? objective 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? 3

If so, specify .....

(Signed) Floyd E. Nelson M.D.

(Address) Gallatin, Mo.

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N.B. Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.