

REC'D JUN 20 1938

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

18552

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Galena Primary Registration District No. 2002 Registered No.
(c) City Joplin, Mo. (d) Street No. Oliva Apartment St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Edward Weeks

(a) Residence, No. Oliva Apt. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) August 7 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 9 22

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Chicago, Ill. (STATE OR COUNTRY)

13. NAME Harvey T. Weeks

14. BIRTHPLACE (CITY OR TOWN) Rockfort, Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Jo Ann Marcy

16. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY)

17. INFORMANT Harvey Weeks (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

Place Wm. Hope DATE May 31, 1938

19. FUNERAL DIRECTOR (NAME) Frank Sievers (ADDRESS) Joplin, Missouri

20. FILED 5-31-38 Ed D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 55 - May 29, 1938 to May 29, 1938

I last saw him alive on May 28, 1938 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:

Digitalis mellitus - about 12 pm
Pulmonary tuberculosis since 1927

Other contributory causes of importance:
Coronary occlusion in 1935
pericardial occlusion Sept. 1935
(Complete aphasia & hemiplegia)

Name of operation None Date of operation None
What test confirmed diagnosis 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? No
If so, specify
(Signed) Ed D. James, M. D.

(Address) Joplin, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Don Petrick

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Don Petrick

Licensed Embalmer No. _____

4008

P. O. Address _____

Frank-Sievers Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.