

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.

Do not use this space.

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

21355

1. PLACE OF DEATH

County Buchanan Registration District No. State Hospital No. 2 File No. _____
Township _____ Primary Registration District No. 1001 Registered No. 609
City St. Joseph Mo (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) Floyd Lee Weakley _____
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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. Est. 66

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Army Officer
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) Mo

MOTHER / FATHER 13. NAME John Weakley

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

15. MAIDEN NAME Frontie Wright

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

17. INFORMANT (ADDRESS) State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Home DATE June 10 1938

19. UNDERTAKER (ADDRESS) H. G. Sullivan

20. FILED June 8 1938 H. J. Westphal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1938

22. I HEREBY CERTIFY (That I attended deceased from _____
May 18 1938 to _____
June 8 1938)
I last saw him alive on June 8 1938 Death is said to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance were as follows:

Senile Psychosis Date of onset _____

Other contributory causes of importance: Decubitus ulcers

Name of operation No Date of _____
What test confirmed diagnosis? Plural 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? No
If so, specify _____
(Signed) R. Kuhlman M. D.
(Address) State Hosp. No. 2

