WHITE PLAINLY WITH BLADING 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.

REG'D MAY 18 1939

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

Do not use this space.

3
1

1. PLACE OF DEATH

80 County Pettis — Registration District No. 668 — File No. 15768

Township — Primary Registration District No. 3032 — Registered No. 135

4 City Sedalia (No. 4 & Ohio Trust Co. Bldg. St. Ward)

4 160

2. FULL NAME Charles H. Weaver Jr.

(a) Residence, No. 408 Dal Whi Mo. St., 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1912

7. AGE: YEARS 26 — MONTHS 11 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) April 1939

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Charles H. Weaver 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Missouri 0

MOTHER

15. MAIDEN NAME Gladys O'Connell

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

17. INFORMANT (ADDRESS) C. H. Weaver Sr. Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 20 1939

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED 4-21- 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from As Corners, 19 case only, to ....., 19....
I last saw As Corners case only 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:

Suicide by drinking carbolic acid

Date of onset

163

Other contributory causes of importance:

Name of operation ..... Date of .....
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? SUICIDE Date of injury 4-18, 1939
Where did injury occur? SEDALIA MISSOURI (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. OFFICE
Manner of injury SUICIDE
Nature of injury DRINKING CARBOLIC ACID

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Gordon Hayfacker, M. D.
(Address) Corner of Pettis County

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5/5/39

MAR 20 1944