

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

25070
 Do not use this space.

DEAD AUG 11 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 738
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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 10 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Silas Weir
 (a) Residence, No. 600 Buchanan County Infirmary
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Weir

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1868.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>71</u>	<u>7</u>	<u>4</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Common
 10. Date deceased last worked at this occupation (month and year) March 10, 1939
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jackson County
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME David R. Weir
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Tennessee

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Thomas Weir
 (ADDRESS) Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery.
 PLACE St. Joseph, Mo. DATE July 17, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED July 17, 1939 H. J. Deatlebrink
R. J. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939 to July 15, 1939
 I last saw him alive on July 15, 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:
acute pleurisy
ascites
anemia
59
 Date of onset

Other contributory causes of importance:
hypertrophy of
prostate

Name of operation None Date of July 15, 1939
 What test confirmed diagnosis? Exm Was there an autopsy? Yes

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) Charles G. ... M. D.
 (Address) R. 1000 St. Joseph, Mo.

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.

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address 1802 Union Str., St. Jos

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.