

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

3028

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 546  
 (b) Township Spring Creek Primary Registration District No. 5738 Registered No. 1  
 (c) City Vicksburg or 0 (d) Street No. \_\_\_\_\_ 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

(a) Residence, No. John Thomas Weaver  
Vicksburg, Marion Co. Mo. St.  
 (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 M 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 Rosie  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 7 14  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer  
 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) Oct. 1933 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) Vicksburg, Marion Co.  
 (STATE OR COUNTRY)

FATHER 13. NAME William Weaver  
 14. BIRTHPLACE (CITY OR TOWN) Tennessee  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Todd  
 16. BIRTHPLACE (CITY OR TOWN) Tennessee  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Victoria Hornville  
 (ADDRESS) mail (Rt. 2), Vicksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE First Church DATE Jan 17, 1940

19. FUNERAL DIRECTOR (NAME) W. C. Cunningham  
 (ADDRESS) Vicksburg, Mo.

20. FILED Jan 17, 1940 Sam A. Warner  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from October, 1938, to Jan 12, 1940  
 I last saw him alive on Jan 12, 1940 Death is said to have occurred on the date stated above, at Jan 16, 1940 at 12 noon  
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

1-2-40

Other contributory causes of importance:

Chronic Bronchitis

1-10-39

Name of operation Physical Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an 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) S. L. Whitcomb, M. D.  
 (Address) Roscoe, Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**