

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

Do not use this space.

7816

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. 1438 North 11th.) St. _____ Ward _____

File No. _____
 Registered No. 361

2. FULL NAME Joseph V. Weber,

(a) Residence, No. 1438 North 11th. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 63 6 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Switzerland,

10. NAME OF FATHER Frank Weber,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Switzerland,

12. MAIDEN NAME OF MOTHER Barbara Fritchie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Switzerland,

14. INFORMANT William Strohan
 (Address) Troy, Kansas.

15. FILED John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12 1929, to March 19 1930, that I last saw him alive on March 19, 1930, and that death occurred, on the date stated above, at 3:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Steuosis
92A

(duration) duration yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90W (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Lustar. [Signature] M. D.

3/20 1930 (Address) Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blair, Kansas via auto **DATE OF BURIAL** Mch. 22 1930

20. UNDERTAKER Heaton, Belgole & Bowme **ADDRESS** 319 S. 10 St.

General Home

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.

APR 23 1930

MAR 21 1930

