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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 15848
Township — Primary Registration District No. 1001 — Registered No. 602
City St. Joseph (No. MO M.E. Hospital St. Ward)

2. FULL NAME Charls Weir
(a) Residence, No. Savannah mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Donnie Weir
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16-1898
7. AGE: YEARS 36 — MONTHS 3 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. River Worker
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): Savannah mo

FATHER
13. NAME: Charls Weir Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson co mo

MOTHER
15. MAIDEN NAME: Susan Weilder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Putman co mo

17. INFORMANT (ADDRESS): Mrs. Donnie Weir Savannah mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 5-22 1934
19. UNDERTAKER (ADDRESS): E. C. Breit Savannah mo
20. FILED 5-22 1934 John R. Bender Registrar.

31 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
173	
Gas Green	
Peritonitis	

Other contributory causes of importance:
Gun Shot Shot Wound
Left Femoral Region

Name of operation none Date of
What test confirmed diagnosis? C. & L. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Felony Date of injury May 18, 1934
Where did injury occur? Savannah mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Inside of a restaurant
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. L. Holliday, M. D.
(Address) Fillmore mo
Cooper Andrew Co