REC'D JUN 16 1938

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

Do not use this space.

File No. 18127

Registered No.

1. PLACE OF DEATH
County: Crawford
Township: Berryman
City: (No. St. Ward)
Registration District No. 230
Primary Registration District No. 5312

2. FULL NAME: James Weber

(a) Residence, No. (Usual place of abode) St., Ward. (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: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 3, 1937

7. AGE: YEARS: MONTHS: 2 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.: Infant
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): Leasburg Mo

FATHER
13. NAME: Owen Leslie Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Mo

MOTHER
15. MAIDEN NAME: Altagelma Farrar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Mo

17. INFORMANT (ADDRESS): A. L. Weber Leasburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Leasburg Mo DATE: Oct. 5 1937

19. UNDERTAKER (ADDRESS): Carl Broadly Leasburg Mo

20. FILED: Oct 5, 1937 G. G. A. Herzog Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 19..., to Oct 4, 1937
I last saw he alive on Oct 3, 1937 Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Open Duct	
Atrocious	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) G. G. A. Herzog, M. D.
(Address) Cuba, Mo.

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