

40
REC'D MAY 10 1939

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

12789
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
 (b) Township 1 Primary Registration District No. 2003 Registered No. 3131
 (c) City 1 (d) Street No. Subate Ave Phillips 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 Berniece Weaver

(a) Residence, No. 1225 N. 9th St. Pear St. 32 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Weaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 0 4

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carro Ill

FATHER

13. NAME Jahn Persfield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape gur Ill

MOTHER

15. MAIDEN NAME Cassie Wilkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carro Ill

17. INFORMANT (ADDRESS) Willie Weaver
Robinson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4-0 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.D. Richardson
2625 Gladway

20. FILED APR 9 1939 J. E. Brudeck Local Registrar

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30 1939

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 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset _____

Other contributory causes of importance:
Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) Joseph M. Quinn M.D.
 (Address) Deputy Coroner

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

OCT 31 1957

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. F. Chandler
Licensed Embalmer No. 2928
P. O. Address 2625 Glasgow

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.