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

Do not use this space.

File No. 26128

Registered No.

1. PLACE OF DEATH
County: Shannon
Township: Pipe creek
City: (No. St. Ward)
Registration District No. 823
Primary Registration District No. 6075

2. FULL NAME: George Brock Weaver
(a) Residence. No. St. Ward.
(Usual place of abode) (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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Weaver
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 18 60
7. AGE: Years 67 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.
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): Mosteer
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: James H Weaver
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Brock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: L O Weaver
(Address): Winona Mo

15. FILED: Jul 17, 1928 Mabel Rollins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 16 1928

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1928 to July 16, 1928 that I last saw him alive on July 14, 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
Paralyzing all of Right side
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): High Blood pressure
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) S J Lehenworth, M. D
July 17 1928 (Address) Winona Mo

*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: Clark Cemetery
DATE OF BURIAL: Jul 17 1928
20. UNDERTAKER: Ayark L H Co
ADDRESS: Winona Mo

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.

THIS IS A PERMANENT RECORD