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Missouri Birth & Death Records Database

County

Jackson

Roll Number

C 19509

Page

Number

4771

**Date of Report
(Month/Day/Year)**

**Name
Sex
Color**

**Age (Year/Month/Day)
Occupation**

1. Weyer, Wm. Cory
2. M
3. W

1. 8m
2.

**Date of Death
(Month/Day/Year AM or PM)**

**Single, Married,
Widower or Widow**

**Nationality
Place of Birth**

Jun 30, 1897

S

1.
2.

How long Resident in the state.

**Place of Death
Cause of Death**

**Complication
Duration of Complication
Duration of Disease**

1. 1835 Summit
2. Meningitis

1.
2.
3.

**Place of Burial
Date of Burial**

**Name of Undertaker
Place of Business**

**Name and Residence
of Physician
Returning Certificate**

1.
2.

1.
2.

NOTE

Due to possible errors or discrepancies in this abstract it is recommended that researchers request a print copy. To request a copy of this record, please print a copy of this page and mail it to the Missouri State Archives, PO Box 1747, 600 W. Main Street, Jefferson City, MO 65101 with a check or money order for \$1.00 made payable to the Missouri State Archives. Please include a #10

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