1928

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

Do not use this space. 75-69 a ~~8720~~ 3

1. PLACE OF DEATH
County: Howell
Township: South Fork
Registration District No. 389
Primary Registration District No. 3344
File No. 3
Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Joseph Irvine Weatherly
(a) Residence. No. Lastow, Mo. 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: Stella A. Weatherly

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-18-1885

7. AGE: Years 38 Months 8 Days 28 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): Peace Valley
(STATE OR COUNTRY): Mo

10. NAME OF FATHER: Joseph W. Weatherly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Saint Louis

12. MAIDEN NAME OF MOTHER: Rachel McEblen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Tennessee

INFORMANT: Stella A. Weatherly
(Address): Faloma Oregon

15. FILED May 27, 1928 H. A. Thompson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 16 1924

17. I HEREBY CERTIFY, That I attended deceased from Mch. 13, 1924 to Mch. 16, 1924 that I last saw h. alive on Mch. 16, 1924 and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchio Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. A. Thompson, M. D.
, 19 (Address) Lanton 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: State Line Cemetery — DATE OF BURIAL: Mar 17 1924

20. UNDERTAKER: No undertaker — ADDRESS: .....