

SEP 30 1927

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

25023

1. PLACE OF DEATH

County Madaway Registration District No. 620 File No. _____
Township Jefferson Primary Registration District No. 5822 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence Jessie Weatherman 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 Anna Carter Weatherman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 5 12

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) Guilford
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William L Weatherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Hobson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

14. INFORMANT Anna Weatherman
(Address) Conception St, Mo

15. FILED Aug 16 1927 Mabel G. Baker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1927

17. I HEREBY CERTIFY That I attended deceased from Aug 13 1927 to Aug 13 1927 that I last saw him alive on Aug 13 1927, and that death occurred, on the date stated above, at 5:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Staphylococci infection of leg

CONTRIBUTORY General septicemia
(SECONDARY) (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 13 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Operative findings
(Signed) A. D. Barnet, M. D.

Aug 14 1927 (Address) Guilford, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Weatherman cem Guilford
Guilford, Mo DATE OF BURIAL Aug 15 1927

20. UNDERTAKER C C Rupprecht
ADDRESS Guilford Mo.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases; especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles: Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth, or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

Guilford, Mo. Nov 14, 1926

Mrs Mabel Graham
Conception Jct, Mo.

Madam:-

In reply to your communication of a few days ago regarding the case of Jessie Weathermon who died August 13, 1927 will state that when I saw him first on August 7th he was suffering from a general septicæmia and had just a few days before that infected himself with his old pocket knife by picking out some hedge thorns from his knee and this caused a staphylococci infection which was too much for his system to stand.

He has been a sufferer from Erysipelas a number of times during his life.

Trusting that this will make it clear to the State Board I beg to remain

Yours Respectfully


A. D. Barnet, M.D.

S(4)-25023

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth
Township Jessie
City (No.) (Ward)

Registration District No. 620
Primary Registration District No. 5822

File No.
Registered No.
Si. Ward)

2. FULL NAME

Jessie Weatherman

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Carter

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 12

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)

(STATE OR COUNTRY) Gulfport Mississippi

10. NAME OF FATHER Wm Weatherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Edna Hobson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Anna Weatherman
(Address) Conception St Mo

15. FILED Aug 16 1927 Mabel Granger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1927

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococci ingestion
leg

CONTRIBUTORY (SECONDARY) General Septicemia (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 47

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 13 1927

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS operation findings
(Signed) A. D. Barnett M. D.

, 19 (Address) Gulfport 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 Gulfport DATE OF BURIAL Aug 15 1927

20. UNDERTAKER C. Reynolds ADDRESS Gulfport 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
SUPPLEMENTARY

5(4)-25023

DR. A. D. BARNET
GUILFORD, MISSOURI

Guilford, Mo. March 8, 1928

Cause of death Jessie Weathermon.

Deceased had a General Septicemia and during this injured his leg by a hedge thorn and a Streptococcus infection developed at this point causing abscesses which needed drainage and this was the object sought to relieve the infection that was the reason for operation. His system was so overwhelmed with infection that he was not able to recover.



A D Barnett, M D

S(4)-25023

Name: Jessie Weatherman

Who died at: Godaway Co. on Aug 13, 1927,

Residence: No. Conception Jct Mo
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: M Color or race: W Single, married, widowed or divorced: m

Date of birth: Mar 1 1871 Age: Years 56 Months 5 Days 12

Occupation: (a) Trade Farmer (b) Industry: _____

Birthplace (State or country) Guilford Mo

Birthplace of father (State or country) North Carolina

Birthplace of mother (State or country) North Carolina

CAUSE OF DEATH: Streptococcus infection of leg.

Contributory: General Septicemia

Where was disease contracted? at home 41

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? operation findings

Name of physician: A. D. Barnett M.D.

Address of physician: Guilford Mo.

S(4) - 25023