

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

Do not use this space.  
**3050**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1903**  
City **St. Louis** (No. **City Hospital #2**)

File No. ....  
Registered No. **653** St. .... Ward)

**2. FULL NAME**

**Tommy Weathers**  
(a) Residence. No. **2631 Morgan** St., **51** Ward. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred **1 1/2** mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

2. SEX <b>Male</b>	4. COLOR OR RACE <b>Col.</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Sept 11 1901</b>		
7. AGE	YEARS	MONTHS
	<b>26</b>	<b>4</b>
		DAYS
		<b>4</b>
		IF LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Sam Weathers**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Mo.**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Julia Gordon**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Mo.**  
(STATE OR COUNTRY)

14. INFORMANT **Anna F. Woodard**  
(Address) **City Hospital #2**

15. FILED **Jan 18 1928** **May 6 Starckoff**  
RECORDED

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 15, 1928**

17. I HEREBY CERTIFY That I attended deceased from **Dec. 24, 1927** to **Jan. 15, 1928**  
that I last saw him alive on **Jan. 15, 1928**, and that death occurred, on the date stated above, at **7:10 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Pulmonary Tuberculosis**  
**23A**

**Indefinite** (duration) yrs. mos. ds.

CONTRIBUTORY **31** (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **not known**  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **clinical**  
(Signed) **H. B. Howell**, M. D.  
, 19 (Address) **City Hosp. #2**

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Father Ricks cemetery** DATE OF BURIAL **Jan 19 1928**

20. UNDERTAKER **Rement's Walton** ADDRESS **2700 Wash St**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. 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.

