EP 25 1928

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

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.

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

Do not use this space.

27007

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 580
City Springfield (No. Dunn Hospital St. Ward)

2. FULL NAME Cecil Weatherman Jr.
(a) Residence. No. Cabool 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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-24-1925

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
3	0	17	

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

9. BIRTHPLACE (CITY OR TOWN) Cabool
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Cecil Weatherman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cabool
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Grace McGhee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cabool
(STATE OR COUNTRY) Mo

14. INFORMANT Cecil Weatherman
(Address) Cabool Mo

15. FILED 8/13 1928 O C Horst Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 11, 1928 that I last saw h. ... alive on Aug 10, 1928 and that death occurred, on the date stated above, at 11 15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Undetermined
2001B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 205B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. B. Cavalier, M. D
, 19 (Address) Cabool 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 Cabool Mo — DATE OF BURIAL Aug 1928

20. UNDERTAKER Alma Lohmeyer — ADDRESS SPRINGFIELD MO. Funeral Home