

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.

1. PLACE OF DEATH, **ST. LOUIS**
 County.....
 Township *Carondelet*
 City *(No. 420) Horn Ave.*
 Registration District No. **1123**
 Primary Registration District No. **6248 F**
 File No. **28418**
 Registered No. **280**
 St. Ward)

2. FULL NAME *Bertha Loretta Weathers*
 (a) Residence. No. *420 Horn Ave.* 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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *single*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 14 - 1928*

7. AGE YEARS MONTHS DAYS H LESS than 1 day, _____ hrs. or _____ min.
1 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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) *Mo.*

PARENTS

10. NAME OF FATHER *Sparlin M. Weathers*

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

12. MAIDEN NAME OF MOTHER *Bessie Collins*

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

14. INFORMANT *Sparlin M. Weathers*
 (Address) *420 Horn Ave.*

15. *Aug. 23, 1928* L. C. Obrock M. D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 23rd* 19*28*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 2nd*, 19*28*, to *Aug 23rd*, 19*28*, that I last saw *h.w.* alive on *Aug 15th*, 19*28*, and that death occurred, on the date stated above, at *3 a.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
hemorrhage & Entertitis
119A
 (duration) yrs. mos. *14* ds.

CONTRIBUTORY (SECONDARY) *113B*
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS? *Sandhill*
 (Signed) *Jessie K. C. Co* M. D.
 , 19 (Address)

*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 *Max Hope Cemetery* DATE OF BURIAL *Aug 23 1928*

20. UNDERTAKER *Fundler - Muel - Co* ADDRESS *7819 N. Morgan*

