

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

1. PLACE OF DEATH  
 County Harrison Registration District No. 334 File No. 464  
 Township ..... Primary Registration District No. 4197 Registered No. ....  
 City Bethany (No. ....) St. .... Ward) (No. ....) Ward)

2. FULL NAME Wm. Henry Weathers  
 (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 W  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ellen Weathers Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-14-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 20

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) Indiana

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Frank Weathers (Address) Bethany Mo.

15. FILED 1/10, 1929 W. J. Harned REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-4 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-2, 1929, to 1-4, 1929, and that I last saw him alive on 1-4, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza & complication of Lobar Pneumonia  
011 108 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 110 (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) Ernest E. Hood M.D. Jan 5, 1929 (Address) Bethany 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 Antioch DATE OF BURIAL 1-7 1929

20. UNDERTAKER S. M. Fears ADDRESS Bethany 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.

RECORD WITH CHANGING INVESTIGATION IS A PERMANENT RECORD

1  
2  
31  
31

