

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

Do not use this space.

18575

1. PLACE OF DEATH

County Bollinger
Township Waynes
City (No.)

Registration District No. 69
Primary Registration District No. 1708

File No. 11
Registered No. St. Ward)

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie M. Weather</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 9 1896</u>		
7. AGE <u>34</u>	YEARS <u>4</u>	MONTHS <u>6</u>
		DAY <u>6</u>
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u> (c) Name of employer <u> </u>		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>J. C. Weather</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Saline A. Burrow</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Carrie M. Weather
(Address) Galena Mo.

15. FILED 6-16-1930 A. F. Kirkpatrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to June 10 1930
that I last saw h. alive on June 10 1930 and that death occurred, on the date stated above, at 2:41 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2.2H
Pulmonary Tuberculosis
(duration) yrs. 6 mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical

(Signed) A. F. Kirkpatrick, M. D.

, 19 (Address) Galena 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

DATE OF BURIAL

Berrong Cemetery

6-16-1930

20. UNDERTAKER

ADDRESS

Ray Litz

Gipsy 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.

WRITE NAME, WITH OUTLIVING MEMBERS, IN A PERMANENT RECORD

1825