

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

Do not use this space.

8581

MAR 7 1931

**PLACE OF DEATH**

County Warren  
Township Hickory Grove  
City Wright City (No. ....)

Registration District No. 882  
Primary Registration District No. 6174

File No. ....  
Registered No. 3  
St. .... Ward

**2. FULL NAME**

Caroline Weathley

(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 30 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. J. Weathley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 2 29

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

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

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Sanket

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

14. INFORMANT Chas. K. Altman  
(Address) Wright City

15. FILED 2/15/31 E. A. Theomaier, M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12<sup>th</sup> 1931 to Feb. 14<sup>th</sup> 1931, and that I last saw him alive on Feb. 12<sup>th</sup> 1931, and that death occurred, on the date stated above, at 4<sup>00</sup> p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Endo Carditis  
9. Mitral Regurgitation  
(duration) yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) J. W.  
(duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED (1)  
IF NOT AT PLACE OF DEATH.

(2) DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. S. Clearman, M. D.  
2/16, 1931 (Address) Wright

\*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 Wright City, Mo DATE OF BURIAL Feb 16 1931

20. UNDERTAKER H. B. Pitman ADDRESS Wentzville 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.

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