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.

AUG 23 1932

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

Do not use this space.

22270

1. PLACE OF DEATH

County: Christian — Registration District No. 184

Township: Linn — Primary Registration District No. 5257

City: Ozark Mo R.R. (No. ..... St. ..... Ward)

File No. .....

Registered No. 88

2. FULL NAME: Samuel J. Weatherman

(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: Male

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: Husband of Mrs S. J. Weatherman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6th 1858

7. AGE: Years 74 — Months 6 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

FATHER

13. NAME: Cal. Weatherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 2

MOTHER

15. MAIDEN NAME: ~~Fanny~~ Rebecca, Tenn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Keele Weatherman, Ozark Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Shipman Cemetery — DATE: July 20th 1932

19. UNDERTAKER (ADDRESS): T. B. Chaffin, Ozark Mo.

20. FILED: Aug 4 1932 — Ruth Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to July 19, 1932, that I last saw him alive on July 19, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. R. Farthing, M. D.

(Address) Ozark, Mo.