

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

Do not use this space.

36663

1. PLACE OF DEATH

County Pettis
Township 5
City Bedalia (No. Bedwell Hosp.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 310
St. Ward)

2. FULL NAME

Irene LaVerne Weathers

(a) Residence, No. R7D #5 Summidge Mo. Ward.

(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>fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 26 1929</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>8</u>	DAYS <u>26</u>
		IF LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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) Pettis Co Mo.
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Clarence Weathers

14. BIRTHPLACE (CITY OR TOWN) Lamonte Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Ware

16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT Clarence Weathers
(ADDRESS) R7D #5 Summidge Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Hill DATE 4/24 1932

19. UNDERTAKER Gillispie Funeral Home
(ADDRESS) Bedalia Mo.

20. FILED 11-23, 1932
J. E. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21, 1932
22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1932, to 11/21, 1932
I last saw h. er alive on 11/21, 1932 Death is said to have occurred on the date stated above, at 11/21 m.
The principal cause of death and related causes of importance were as follows:

2nd Degree Burns
of Entire Body - 11/21/32

Other contributory causes of importance: 180 (1)

Name of operation None Date of 11/21/32
What test confirmed diagnosis? Fundus an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide sp Date of injury 11-21-1932
Where did injury occur? the home - Green Ridge
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Burned self with paper
Nature of injury scalded in stove

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. B. Carlisle, M. D.
(Address) Bedalia 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.

CAUTION ON DEATH
M.B. - Every item of int

AG supplied AG
10/1/71

da 2d

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township Debar
City Debar (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 310
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A

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

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

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

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

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 11-23-19-32

J. J. Love
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21 1932

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

2nd degree burns
of entire body
House burnt
Other contributory causes of importance

Date of onset

25

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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. Home

Manner of injury Burned self with papers
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
(Address)

5-36663