

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.

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

Do not use this space.

1. PLACE OF DEATH

County Bochanan
Township.....
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No. 4749
Registered No. 140
St. Ward)

2. FULL NAME Floyd W. Weatherman

(a) Residence, No. 6320 Carnegie St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 9 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 <u>Male</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>Oct. 16, 1916</u>		
7. AGE	YEARS	MONTHS
	<u>16</u>	<u>3</u>
		DAYS
		<u>15</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Benton Jr. High</u>	
	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) <u>Lewing Missouri</u>		
FATHER	13. NAME <u>William Weatherman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Edith Agee Voshall</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Robert L. Agee</u> (ADDRESS) <u>6320 Carnegie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I.O.O.F. Cem.</u> DATE <u>Feb. 3, 1933</u>		
19. UNDERTAKER <u>Edith Clark</u> (ADDRESS) <u>5025 King Hill Ave.</u>		
20. FILED <u>2-233</u> , 19 <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26-33, 19, to 2-1-33, 19.
I last saw him alive on 2-1-33, 19. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Edema Date of onset 5-1-33
Cerebro-pontine angle tumor
Other contributory causes of importance:
Craniotomy Date of 2-1-33
neurological
Name of operation..... Date of.....
What test confirmed diagnosis? biopsy Was there an autopsy? yes

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 none
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. H. Ryan, M. D.
(Address) St. Joseph, Mo.

FORM 1011-111-AC-1

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REPORT T. 1000

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Oct. 10, 1933

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Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

#2

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Gladyd Featherman

Who died at St. Joseph Buchanan on Oct 1-1933
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: terbella positive enough tumor

Other contributory causes of importance: tumor was not malignant

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

5-4749