

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 12 1934

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

Do not use this space.

30209

1. PLACE OF DEATH
County New Madrid Registration District No. 821
Township East Primary Registration District No. 5801
City Washington (No. 100) St. Ward

2. FULL NAME Georgia Anna Weatherford
(a) Residence, No. Matthews, Mo. 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>Female</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>Joe Weatherford</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>13-27-1880</u>				
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>	DAYS <u>11</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. <u>Home wife</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballard Ky Co</u>			
	13. NAME <u>John Waters</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
	15. MAIDEN NAME <u>Batha Mc Christian</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>				
17. INFORMANT <u>Joe Weatherford</u> (ADDRESS) <u>Matthews Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Matthews Mo</u> DATE <u>8/29/34</u>				
19. UNDERTAKER <u>J. H. Benjett</u> (ADDRESS) <u>Washington Mo</u>				
20. FILED <u>9/1/34</u> 19 <u> </u> <u>W. H. Prussell, M.D.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:
Killed in auto accident. (Date of onset)
(Instant)
Fractured skull.
2/10/34

Other contributory causes of importance:

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? accident Date of injury Aug 27, 1934
Where did injury occur? 2 miles south of Liberty on highway 61.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on highway E.
Manner of injury Collision of car + truck
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. C. Richards, (Coroner) St.
(Address) New Madrid, 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.

