

DEC 18 1934

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

Do not use this space.

39596

## 1. PLACE OF DEATH

County Jackson Registration District No. 1002  
Township Kearney Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 5107

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hallie Weatherman(a) Residence, No. Harrison Ark. 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 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 Oscar Wetherman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 8 30

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

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) Hilpind Mo.13. NAME Francis Gideon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Frances Coffey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT Mr Oscar Weatherman  
(ADDRESS) Harrison Ark.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Galena Mo. DATE Nov 22, 3419. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood20. FILED 11-20 W. M. Crow  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 34 '19

22. I HEREBY CERTIFY, That I attended deceased from

19\_\_\_\_ to 11-20, 1934I last saw h. W alive on 11-25, 1934 Death is saidto have occurred on the date stated above, at 9:30 P.M.

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

Date of onset

2/6/35  
53F general  
carcinomatosis

Other contributory causes of importance:

Carcinoma  
Stomach PrimaryName of operation exploratory Date 11/21/34What test confirmed diagnosis? yes Was there an autopsy? yes23. 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. M. Montgomery M. D.(Address) 1332 Phoebe Bldg  
100 Mo

WRITE PLAINLY, WITH UNFADING INK. 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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