

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

40162-A
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1. PLACE OF DEATH
 County Newton Registration District No. 608
 Township East Benton Primary Registration District No. 5718
 City _____ No. _____ 6264 _____ St. _____ Ward _____
 2. FULL NAME Charles Olin Weathers
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ mls.
5 10 14
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School
 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) Carthage Mo.
 MOTHER FATHER
 13. NAME Ligbee Olin Weathers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Issaquah County Arkansas
 15. MAIDEN NAME Lilly Coy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrigov Arkansas
 17. INFORMANT (ADDRESS) S. D. Weathers Neosho Mo R # 3
 18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho DATE 11-16-34
 19. UNDERTAKER (ADDRESS) Chas Thompson Neosho Mo.
 20. FILED Nov 12 1935 L. N. Parnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 15, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934, to Nov. 15, 1934
 I last saw him alive on Nov. 15, 1934. Death is said to have occurred on the date stated above, at 11:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Diphtheria
 Date of onset 11/13/34
 10
 10
 Other contributory causes of importance: _____
 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. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. P. Howard, M. D.
 (Address) Neosho Mo.

