

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

Do not use this space.

38169

DEC 20 1935

1. PLACE OF DEATH

County St. Louis
 Township Carondelet
 City Koch, Mo.

Registration District No. 1123
 Primary Registration District No. 6248 B.
 (No. Koch Hospital)

File No.
 Registered No. 383 St. Ward)

2. FULL NAME James Weatherspoon

(a) Residence, No. 1008 Leonard St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Col.</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>Ispanella Weatherspoon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-5-92</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>4</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>lumber yard</u>		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. <u>9</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Ben Weatherspoon

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

15. MAIDEN NAME Lena Quinn

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

17. INFORMANT Koch Hospital Records
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Father Dickson DATE Nov 13 1935

19. UNDERTAKER Jas. Handley & Son 317
 (ADDRESS) 720 Woodward Ave

20. FILED Nov 12 1935 A. Maury
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1935, to 11-8-35, 1935

I last saw him alive on 11-8-35, 1935. Death is said to have occurred on the date stated above, at 3:35 P.M.

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

Chronic pulmonary Tuberculosis Date of onset 1934
Pulmonary hemorrhage

Other contributory causes of importance:

Name of operation..... Sputum Date of.....
 What test confirmed diagnosis?..... 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify.....
 (Signed) D. H. Junge, M. D.
 (Address) Koch, 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.

