

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

Do not use this space.

JUN 16 1936

21971

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 173
St. Ward)

2. FULL NAME

Harry Barnett Wightman
(a) Residence, No. 621 Range Line St. Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugenia J. Wightman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 23

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

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) St. Louis, Mo

MOTHER 13. NAME Thomas Frederick Wightman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass

15. MAIDEN NAME Sarah Schellhorst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana, Mo

17. INFORMANT (ADDRESS) Lurline Wightman

18. BURIAL, CREMATION, OR REMOVAL PLACE Calumet Cem DATE 6-5-36

19. UNDERTAKER (ADDRESS) Parker Firm Co Columbia Mo

20. FILED 6/5/36 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-1936

22. I HEREBY CERTIFY, That I attended deceased from Mich 22, 1936, to 6-3, 1936
last saw him alive on 6-3, 1936 Death is said

to have occurred on the date stated above, at 4 1/2 m.
The principal cause of death and related causes of importance were as follows:

nephritis chronic Date of onset 1932

Other contributory causes of importance: Hypertension 1935

Name of operation Date of
What test confirmed diagnosis? urine analysis Was there an autopsy? no

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) W O Fischer, M. D.
(Address) Columbia Mo

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.

