

NOV 28 1936

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

Do not use this space.

37971

1. PLACE OF DEATH

County Jackson Registration District No. 400  
Township Prange Primary Registration District No. 553B  
City Little Blaine No. Jackson Co Iowa St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 260

2. FULL NAME

Wesley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8-1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Hannie Weathers TOR WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1936 to 10-8-1936 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

I last saw him alive on 10-8-1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 66

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

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

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

Date of onset \_\_\_\_\_  
Enteritis  
Death

13. NAME Enoch Weathers

Name of operation no Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

What test confirmed diagnosis no Was there an autopsy no

15. MAIDEN NAME Don't know

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 6, 1936

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) City Records Little Blaine, Iowa

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL Western Dental College no 10-12-36

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Flynn & Green Street

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

20. FILED Oct 12-1936 William J. Fields Registrar

(Signed) L. D. Booker, M. D.  
(Address) 2028 Union St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1875

W. H. W. W.

1875

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1875

W. H. W. W.

1875

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