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.

DEC 3 1936

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

Do not use this space.

File No. 38599

Registered No.

1. PLACE OF DEATH
County Pemiscot
Township Pascola
City ~~Bragg City~~ (No. 5870 St. Ward)
Registration District No. 1102
Primary Registration District No. 9538

2. FULL NAME Cleo Wethers
(a) Residence, No. St., Ward. ~~Caruthersville~~
(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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-11-1935
7. AGE Years 1 Months 7 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Missouri

FATHER
13. NAME Riley Wethers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Ethel Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Wayne James Bragg City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Corning Ark DATE Oct. 21 1936
19. UNDERTAKER (ADDRESS) Baldwin Funeral Home Kennett Mo
20. FILED 11-8 1936 Mrs T. R. Cale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20th 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct. 20, 1936
I last saw h alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 7:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Illeo-Colitis	

Other contributory causes of importance
none

Name of operation — Date of —
What test confirmed diagnosis? — 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) James P. Vickery, M. D.
(Address) Bragg City, Mo.