

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

5801

Do not use this space.

DEC'D MAR 10 1939

1. PLACE OF DEATH

(a) County Barry
(b) Township Washburn
(c) City Washburn

Registration District No. 37
Primary Registration District No. 0003

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tennessee Cordelia Weathers

(a) Residence, No. Barry County St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Weathers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/11/1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 1 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) Washburn, (STATE OR COUNTRY) Missouri

13. NAME Jacob Stevenson
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Arnold
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tennessee

17. INFORMANT Gusta Mason, (ADDRESS) R. F. D. Washburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King Cem. DATE 2/20/39

19. FUNERAL DIRECTOR (NAME) W. D. Koon (ADDRESS) Cassville, Missouri

20. FILED 2-25 1939 Cleo Edens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/39 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1935, 19 to Feb. 19, 1939
I last saw h. er. alive on Feb. 18, 1939 Death is said to have occurred on the date stated above, at 9:50 A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Toxemia & Uremia.
Chronic Interstitial Nephritis.
Other contributory causes of importance: and 131
Colitis.

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) Chas. P. Brown, M.D.
(Address) Deligman App.

ATTACH TO CANCELLING PROGRAM
EDUCATION ACT 1964
BY THE BOARD OF EDUCATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Rufus J. Miller

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3794

P. O. Address Cassville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.