REC'D JUN 15 1939

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

19417
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot — Registration District No. 653
(b) Township Hayti — Primary Registration District No. 5864 — Registered No. 50
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. 11 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John D. Weir
(a) Residence, No. Pemiscot County St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colord
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28/1934

7. AGE: Years 4 — Months 11 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti Missouri. Pemiscot Co.

FATHER
13. NAME James Weir Jr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerinada Missippi

MOTHER
15. MAIDEN NAME Etheline Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Missippi.

17. INFORMANT (ADDRESS) James Weir Jr. Hayti Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti Mo. DATE 6/5/1939, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Undertaking Co Hayti Mo.

20. FILED 6/5/39, 19 Mrs Pearl Kelley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 5, 1939
I last saw her alive on June 3, 1939. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

1 D 7 N

Other contributory causes of importance:
Rickets
Secondary Anemia

Name of operation ..... Date of .....
What test confirmed diagnosis? S & S 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) A. G. Shirey, M. D.
(Address) Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 3
District File Number 39-37
Date Filed 6/10/39

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.