

FILED FEB 12 1940  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

3294

**FILED FEB 16 1940**

1. PLACE OF DEATH  
 County Pennicott Registration District No. 2  
 Township Little River Primary Registration District No. 10  
 City Holcomb (No. 0) St.        Ward       

2. FULL NAME Margaret Nell Wetherington 365  
 (a) Residence, No. Same St.        Ward         
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 0 26  
 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) Holcomb  
 (STATE OR COUNTRY) Missouri

13. NAME Seamon Wetherington  
 14. BIRTHPLACE (CITY OR TOWN) Baraboo  
 (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Sylvia Han  
 16. BIRTHPLACE (CITY OR TOWN) Senath  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Seamon Wetherington  
 (ADDRESS) Holcomb Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lumpack DATE Oct. 6, 1938

19. UNDERTAKER J. G. T. T. Co.  
 (ADDRESS) Holcomb Mo.

20. FILED        19       

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1938  
 22. I HEREBY CERTIFY That I attended deceased from Oct 1st 1938, to Oct 5, 1938  
 I last saw her alive on Oct 1, 1938. Death is said to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Mis-Calculis Date of onset       

Other contributory causes of importance: 11/19/38

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)

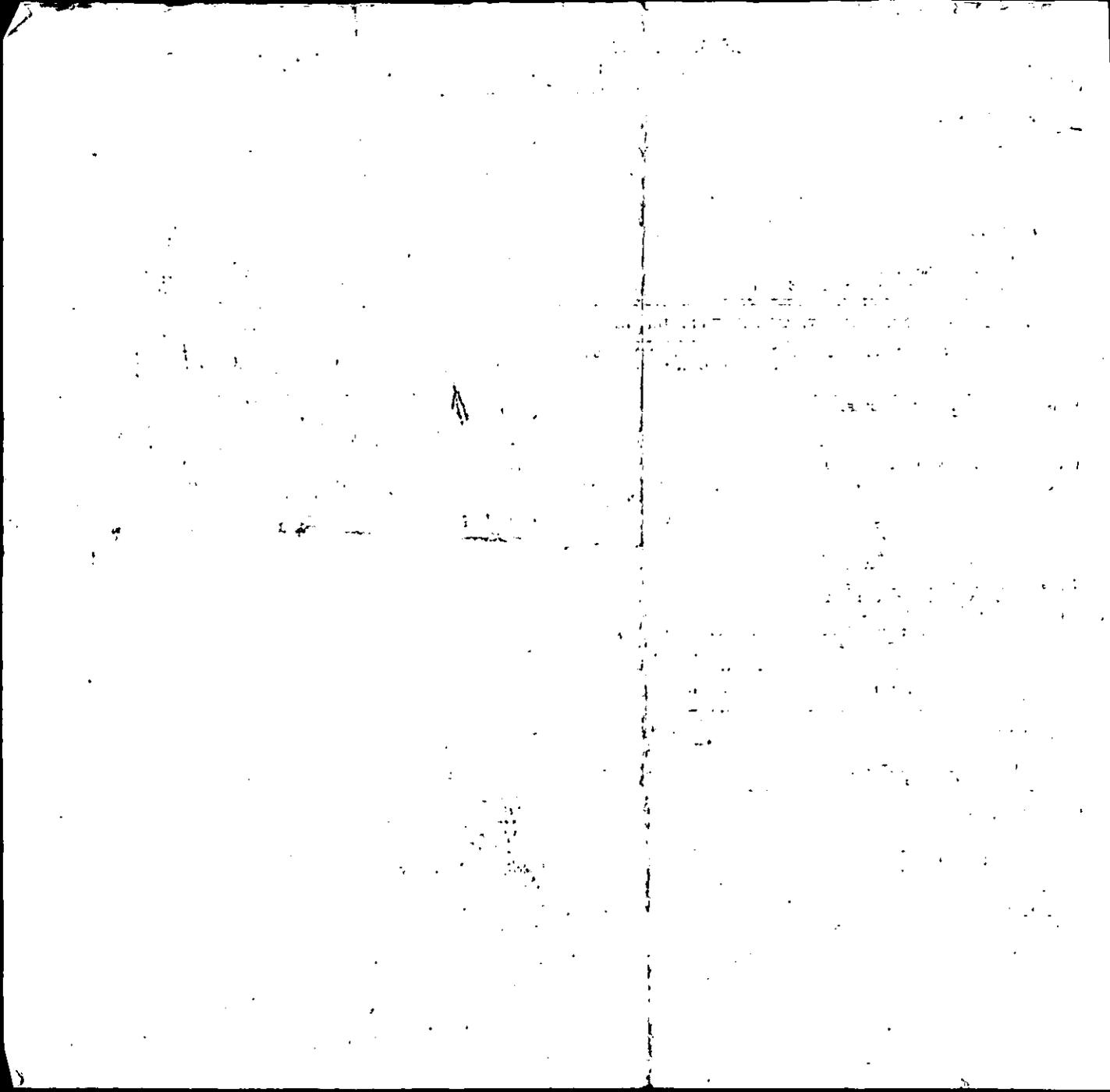
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         
 Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify       

(Signed) J. P. Jordan M. D.  
 (Address) 591       

Registrar.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3294

Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 1099  
 (b) Township Little River Primary Registration District No. 6868 Registered No. \_\_\_\_\_  
 (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 yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Margaret Nell Wetherington  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 0 26

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

FATHER  
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILE 3-30-40 1940 J. J. Creary Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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) J. J. Creary, M. D.

(Address) Resnelt

SUPPLEMENTARY

S-3294