

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

Do not use this space.

27174

1. PLACE OF DEATH

94 County St. Francois
Township Libertyville
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1115
Primary Registration District No. 6021

File No. _____
Registered No. 8

2. FULL NAME

Thomas Hardman Weatherington

(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

3. SEX M 4. COLOR OR RACE W 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) Nov 16, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>9</u>	<u>7</u>	

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

FATHER
13. NAME Alfred Weatherington

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

MOTHER
15. MAIDEN NAME Mary Ann Blakelee

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

17. INFORMANT (ADDRESS) Mrs. S. O. Moore, Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Ceme. DATE Aug 24, 1932

19. UNDERTAKER (ADDRESS) Ed. H. Webb, Fredericktown Mo.

20. FILED 8/24, 1932 F. S. O. Rydeen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1932 to Aug 23, 1932.

I last saw him alive on Aug 22, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Uremic poisoning
due to
acute glomerulonephritis
with
plumetion

Other contributory causes of importance:
arterio sclerosis with
plumetion

Date of onset 1930

Name of operation none 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) W. Harry Barron, M. D.
(Address) Fredericktown

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.

SEP 27 1932

WRITE COMPLETELY WITH ON-FADING INK—THIS IS A PERMANENT RECORD

