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.

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

MAR 27 1935

Do not use this space.

1. PLACE OF DEATH
County Monroe — Registration District No. 579 — File No. 6136
Township Marion — Primary Registration District No. 577613 — Registered No.
City (No. , St. Ward)

2. FULL NAME Izetta Ann Weatherspoon
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: white
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/27/1913

7. AGE: YEARS 21 — MONTHS 6 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Monroe Co Mo

FATHER
13. NAME Wm Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

MOTHER
15. MAIDEN NAME Bertha Kenk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT (ADDRESS) John Johnson Madison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clark Grove DATE Mch 1 1935

19. UNDERTAKER (ADDRESS) Fred A Thompson Madison Mo

20. FILED 7/28 1935 Fred A Thompson Registrar.

W. W. Eubank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1934, to Feb 27 1935
I last saw her alive on Feb 25 1936. Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1935

Other contributory causes of importance: 2
Pregnancy.

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. R. Turner D.O. ~~M. D.~~
(Address) Madison Mo.