

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

Do not use this space.

8561

APR 6 1935

1. PLACE OF DEATH

County Crawford
Township Booby
City Bourbon (No.)

Registration District No. 229
Primary Registration District No. 4139

File No.
Registered No.
St. Ward)

2. FULL NAME

Infant Weatherly

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Yes

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Bourbon, Mo.

13. NAME Harry Lee Weatherly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon, Mo.

15. MAIDEN NAME Ruth Marilla Hamon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polkton's Mill, Mo.

17. INFORMANT (ADDRESS) Parents Bourbon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon, Mo. DATE 3-22 1935

19. UNDERTAKER (ADDRESS) None

20. FILED 3-21-35 awadama Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 20 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 19 1935 to 3 20 1935

I last saw him alive on 3 20 1935 Death is said to have occurred on the date stated above, at 1 P.M.

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

Premature Birth Date of onset 3-8-35

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Other contributory causes of importance: Not known

Name of operation None Date of

What test confirmed diagnosis Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury

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) E. J. Hamon, M. D. (Address) Bourbon, Mo.

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. This form was taken at 10:15 P.M. and filed at 11:00 P.M. on the 21st day of March 1935. Cause not known.

