

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JUL 22 1936

22479

1. PLACE OF DEATH  
 County Campbell Registration District No. 282  
 Township Union Primary Registration District No. 5401  
 City (No. ) St. Ward

2. FULL NAME Harriet Jane Weather  
 (a) Residence, No. Campbell mo 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 7 1

OCCUPATION  
 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. Home work  
 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) Genoa

FATHER  
 13. NAME Wk  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Wk  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Bill Lightfoot Campbell mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Canyon DATE 6/15 1936

19. UNDERTAKER (ADDRESS) Landon Funeral Home Campbell

20. FILED 7/24/36 1936 E. W. Lambros Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2 1936 to June 13 1936  
 I last saw h. et alive on June 13 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Senility  
Fracture of femur - Feb. 2-36  
 Date of onset

Other contributory causes of importance:  
none

Name of operation none Date of no  
 What test confirmed diagnosis? no 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 no, 1936  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

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

(Signed) M. L. Cone M. D.  
 (Address) Campbell mo



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**1. PLACE OF DEATH**

County Dunklin  
Township Union  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 282  
Primary Registration District No. 2401

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Sarah Jane Weathers

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1936

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

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.

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or \_\_\_\_\_

Date of onset \_\_\_\_\_

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 \_\_\_\_\_

Other contributory causes of importance: Fractured Femur

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 11, 1935

15. MAIDEN NAME \_\_\_\_\_

Where did injury occur? Campbell mo (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

Manner of injury Fell Home

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury Fracture Femur

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

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

If so, specify \_\_\_\_\_

20. FILED Aug 12 1936 B. W. Lander Registrar

(Signed) M. L. Core M. D.

(Address) Campbell mo

5-22479