

REC'D FEB 11 1939

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

2516

Do not use this space.

## 1. PLACE OF DEATH

(a) County Newell Registration District No. 387  
 (b) Township Presler Primary Registration District No. 5540 Registered No. \_\_\_\_\_  
 (c) City Pomona, Mo (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 70 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)  
361 Lydia Oliver Weatherford  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-1869

7. AGE YEARS MONTHS DAYS (If LESS than 1 day, hrs. or min.)  
69 7 1

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. Lawyer  
 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) Kentucky13. NAME Mrs. Courtney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Josephine Rayford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs. Lehas Shadwell  
West Plains, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 12-28-193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Potulovous  
West Plains, Mo20. FILED 1-11- 1939 Dora Gage Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-193822. I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1938 to Dec. 28th, 1938I last saw h. or alive on Dec. 25th, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Pneumonia, Bronchial. Date of onset 12/24/38Other contributory causes of importance:  
Myo-carditis, chronic with valvular disease.Name of operation None Date of XXWhat test confirmed diagnosis? Clinical Was there an autopsy? No.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 None.Nature of injury None.24. Was disease or injury in any way related to occupation of deceased? No.If so, specify \_\_\_\_\_ (Signed) ad. Tharburgh \_\_\_\_\_, M. D.347 (Address) West Plains, Mo.Tharburgh

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**