

27
JUL 14 1939

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

21934
Do not use this space.

1. PLACE OF DEATH
(a) County Cochran Registration District No. 217
(b) Township Lamine Primary Registration District No. 5308
(c) City or St. _____
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Thomas Mallett Weekley (Stillborn)
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Stillborn.
OCCUPATION 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. _____
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) Lamine Township Mo.
FATHER 13. NAME D. Talmage Weekley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamine Township Mo.
MOTHER 15. MAIDEN NAME Emilee Mallett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Mo.
17. INFORMANT (ADDRESS) D. J. Weekley Lamine Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Lamine DATE June 9, 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman Hall Reynolds Mo.
20. FILED 6-16 19 39 M. H. Huey Local Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn 1939
22. I HEREBY CERTIFY, That I attended deceased from June 8, 1939 to June 8, 1939
I last saw Stillborn alive on June 8, 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cause unknown Date of onset _____
Other contributory causes of importance: _____
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 _____
Was disease or injury in any way related to occupation of deceased? NO
Signed Wm. J. Huey, M. D.
(Address) Blackwater Mo.
1936

WHILE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1-115603

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/22/39

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.