

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

Do not use this space.

30106

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 7001 File No. _____
 City Springfield (No. Springfield Baptist Hospital) Registered No. 600 St. _____ Ward _____

2. FULL NAME Rema Weatherly
 (a) Residence. No. Dexter 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 22 yrs. mos. da. Residing in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	22	2	1	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ark.

10. NAME OF FATHER W.E. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Rova Robertson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY) _____

14. INFORMANT W. R. Weatherly (Address) Dexter Mo.

15. FILED 10/27 1927 O. C. Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2 1927

17. I HEREBY CERTIFY That I attended deceased from 9-30-27 to 10-2-27 that I last saw her alive on 10-2-27 1927 and that death occurred, on the date stated above, at 11:50 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
146 General Sepsis
31.

CONTRIBUTORY (SECONDARY) Septic Abortion (duration) yrs. mos. da. 4
 (duration) yrs. mos. da. 7

18. WHERE WAS DISEASE CONTRACTED Dexter Mo.
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? Washed out DATE 10/30/27
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) William Smith, M. D. 10/3
 , 1927 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dexter mo. DATE OF BURIAL 10/4 1927

20. UNDERTAKER W. L. Starnie ADDRESS Market

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.

