

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

Do not use this space. *Very*
32803

WRITE PLAINLY, 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.

31
2
1

1. PLACE OF DEATH
 County Vernon Registration District No. 875
 Township Primary Registration District No. 6162
 City (No.) St. Ward

2. FULL NAME Geo. W. Weatherly
 (a) Residence. No. State Hospital #3 St. Ward
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 11 mos. 4 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4 '1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 10 8

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

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

10. NAME OF FATHER M. J. Weatherly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Arnsch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
 (STATE OR COUNTRY)

14. INFORMANT Mrs. b W Weatherly
 (Address) Washburn Mo

15. FILED 10/8 1929 E. R. King
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1929, to Sept. 12 1929, and that I last saw him alive on Sept. 11 1929, and that death occurred, on the date stated above, at 6-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Arteriosclerosis
83 A
97 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY Cerebral hem.
 (SECONDARY) immediate
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Washburn Mo
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) J. J. O'Dell M. D.
9/12 1929 (Address) Nevada, 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 DATE OF BURIAL 9/12 1929

 20. UNDERTAKER Leroy Funeral Home Nevada, Mo
 ADDRESS

