

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

Do not use this space.

8527

1. PLACE OF DEATH
 County Jackson Registration District No. 800
 Township St. Lawrence Primary Registration District No. 1000
 City St. Louis (No. Missouri Hospital)
 2. FULL NAME Bobby Lee Wiley
 (a) Residence No. 2011 East 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 1072
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) None
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 25 - 1927
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 90 - 1 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None 108
 (b) General nature of industry, business, or establishment in which employed (or employer) None 91
 (c) Name of employer None 161

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Edith Wiley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Haven Kansas

14. INFORMANT Sup. Missouri Hospital (Address) 2011 E 11

15. FILED 4/29, 27 M. M. Canome REGISTRAR assn

3 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 23 1927
 17. I HEREBY CERTIFY, That I attended deceased from Mar 17 1927 to Mar 23 1927 that I last saw him alive on Mar 23 1927 and that death occurred, on the date stated above, at 5:34 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
What
Pneumonia followed by
Endocarditis: Hemorrhage under
the skin (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) P. P. Harrison M. D.
 3/24, 1927 (Address) 12608 Independence
 *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 Highland Park Cem DATE OF BURIAL May 7 1927

20. UNDERTAKER A. P. Doehler ADDRESS 1415 E 15

FADING 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.

