

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.

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

Do not use this space.

20676

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Missouri 404 Angèlique Street

File No. _____
 Registered No. 694
 St. _____ Ward _____

2. FULL NAME Mary Violet Wiles
 (a) Residence. No. 404 Angèlique Street St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 5 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 23, 1927
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5 13

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Harry R. Wiles
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Plattsmouth
 (STATE OR COUNTRY) Nebraska
 12. MAIDEN NAME OF MOTHER Helen White
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Imogene
 (STATE OR COUNTRY) Iowa

14. INFORMANT Mr. Harry R. Wiles.
 (Address) 404 Angèlique Street

15. FILED 8, 1927
John B. Wiles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6, 1927
 17. I HEREBY CERTIFY, That I attended deceased from July 5, 1927 to July 6, 1927
 that I last saw her alive on July 6, 1927, and that death occurred, on the date stated above, at 3:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia 9
1091

CONTRIBUTORY (SECONDARY) Whooping Cough
 (duration) yrs. mos. ds. 1
 (duration) yrs. mos. ds. 3

18. WHEN WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF 11
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) William R. Robertson M. D.
July 8, 1927 (Address) St. Joseph, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL July 8, 1927

20. UNDERTAKER Elleman-Faris ADDRESS 1208 Francis

