1926

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

Do not use this space.

34111

File No.

Registered No. 296

1. PLACE OF DEATH

County: Marion

Township: Mason

City: Hannibal

Registration District No. 547

Primary Registration District No. 3077

(No. First Methodist Church St. 3rd Ward)

2. FULL NAME: Arronett Remley

(a) Residence. No. 705 Paris Ave, St., 1st 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. 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J.W.Remley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb.3,1865

7. AGE: Years 62 | Months 9 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

74A

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY): Pike Co.Mo.

PARENTS

10. NAME OF FATHER: James Roland

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY): Ralls Co.Mo.

12. MAIDEN NAME OF MOTHER: Bettie Ford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY): Lincoln Co.Mo.

14. INFORMANT: James Remley

(Address): 705 Paris Ave Hannibal

15. FILED 11/10, 1927 E.E. Stirode

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 8 1927

17. I HEREBY CERTIFY, That I attended deceased from his minister plus death to, 19..., and that I last saw her alive on ..., 19..., and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

angina Pectoris
from history above
his current (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) (duration) ... yrs. ... mos. ... ds.

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) C.E. Salyer M.D

, 19 (Address) Hannibal 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: Mount Olivet

DATE OF BURIAL: 11/11 1927

20. UNDERTAKER: Wm.M.Smith

ADDRESS: Hannibal

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.