

JAN 22 1929

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

Do not use this space.

39678

1. PLACE OF DEATH

County Linn Co
Township Fulton mo
City (Name) _____

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 223
St. _____ Ward _____

2. FULL NAME May Wiles

(a) Residence, No. St. Charles Co. mo. St. _____ Ward _____
(Usual place of abode)

State Hospital mo
(If nonresident give city, 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. 10 mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Married

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

OK

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>ab 58</u>	<u>-</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

OK

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

OK

10. NAME OF FATHER

OK

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

OK

12. MAIDEN NAME OF MOTHER

OK

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

OK

14. INFORMANT

Charles Hospital not
(Address) Fulton mo

15. DATE

Dec 4, 1928 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 / 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1918, to Dec 1, 1928, that I last saw h. alive on Dec 1, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy
Chorea
85
8787
CONTRIBUTORY (SECONDARY) W.H.
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: OK

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Micro & Lectures
(Signed) Dr. Charles Hospital not M. D.
, 19 Dec 1 (Address) State Hospital not

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Charles mo - Oak Grove Cemetery

DATE OF BURIAL

Dec. 5 1928

20. UNDERTAKER

Kimberly & Taylor

ADDRESS

Fulton, mo.

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.

