FEB 28 1929

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

Do not use this space.

2747

1. PLACE OF DEATH
County Nodaway
Township Polk
City Maryville (No. ..... St. ..... Ward)
Registration District No. 625
Primary Registration District No. 3031
File No. .....
Registered No. .....

2. FULL NAME Cleo Marvin Hiley
(a) Residence. No. ..... 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. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 5 - 1919

7. AGE: Years 9 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: J M Hiley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mabel Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

14. INFORMANT: Mrs J M Hiley
(Address): Maryville

15. FILED Jan 2 1929 C. P. Meyer, E. D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1 - 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 12 - 26, 1928, to 1 - 1 -, 1929, that I last saw him alive on 1 - 1 -, 1929, and that death occurred, on the date stated above, at 11-40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia (Broncho)
107A
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 100A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. S. Dewell, M. D.
, 19 (Address) Maryville 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: Oak Hill Cemetery
DATE OF BURIAL: Jan 3 1929.

20. UNDERTAKER: Price Funk
ADDRESS: Maryville Mo.

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.