APR 30 1929

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

Do not use this space.

11858

1. PLACE OF DEATH

County: Phelps — Registration District No. 677 — File No.

Township: ~~[illegible]~~ — Primary Registration District No. 4403 — Registered No. 35

City: Rolla (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Allie A Wiley

(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.

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.

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: Stuart Wiley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 10, 1878

7. AGE: Years 50 — Months 11 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Yancey Mills
(STATE OR COUNTRY): Phelps Co. Mo.

PARENTS

10. NAME OF FATHER: Jeremiah Brown

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

12. MAIDEN NAME OF MOTHER: Mary — D.K.

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

14. INFORMANT: Stuart Wiley
(Address): Rolla Mo.

15. FILED 4-8, 1929 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 12 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-9-29, 19..., to 3-12-29, 19..., that I last saw him alive on 3-12-29, 19..., and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)

(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? yes DATE OF 2-9-29

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. Sidney McFarlin, M. D

April 8, 1929 (Address) Rolla, 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: Rolla Mo. — DATE OF BURIAL: 3/13 1929

20. UNDERTAKER: Harry R. McCaw — ADDRESS: Rolla Mo

Name: Mrs. Allie A. Wiley

Who died at: Rolla, Mo. on Mar 12, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

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CAUSE OF DEATH: Lobar Pneumonia following fracture of left hip. Reduction of fracture of left hip.

Contributory: Fell off concrete walk.

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: _____

Address of physician: A. Sidney McFarland

Prompt return of

5-11858