

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

Do not use this space.

20278

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **Louis** (No. **3836 Cottage Ave**)

File No.....
Registered No. **5962**
St..... Ward

2. FULL NAME

George O. Outley
(a) Residence. No. **3836 Cottage Ave 11** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helena Outley		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 13, 1867		
7. AGE	YEARS 62	MONTHS 1
	DAYS 17	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Printing, contracter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Self		

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

10. NAME OF FATHER **Geo. H. Outley**

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

12. MAIDEN NAME OF MOTHER **Not known**

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

14. INFORMANT **Mrs. Helena Outley**
(Address) **3836 Cottage Ave**

15. **MAY 31 1929**
FILED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 30 1929**

17. I HEREBY CERTIFY, That I attended deceased from **April 14**, 1929, to **May 30**, 1929 that I last saw him alive on **May 29**, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) **31** (duration) yrs. **6** 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 **Spectrum**
(Signed) **John Cameron** M. D.
May 31, 1929 (Address) **Metropolitan Bldg**
*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 **Valhalla Cem.** DATE OF BURIAL **June 3 1929**

20. UNDERTAKER **W. H. P. Co.** ADDRESS **3707 1/2 Grand**

WRITE PAINTLY, 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.

27
50
31

