MAY 22 1930

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

Do not use this space.

11598

1. PLACE OF DEATH
County Audrain Co
Township Culver
City ~~Vandalia Mo~~ (No. ..... St. ..... Ward)

Registration District No. 912
Primary Registration District No. 6232A

File No. .....
Registered No. 17

2. FULL NAME Reginald Fay Motley

(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): Invalid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-21-24

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 6 | — | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Invalid
(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): Audrain Co Mo

PARENTS

10. NAME OF FATHER: Raymond Motley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Audrain Co Mo
12. MAIDEN NAME OF MOTHER: Ruby Maxwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Audrain Co Mo

14. INFORMANT: Raymond Motley
(Address) Vandalia Mo

15. FILED 4/19, 1930 Mallie Fugua REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 19 1930

17. I HEREBY CERTIFY, That I attended deceased from No Physician, 19..., to X, 19..., that I last saw h..... alive on Laid and See, 19..., and that death occurred, on the date stated above, at 5:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause unknown
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): X Enlarged Thymus
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? ..... DATE OF April 18th
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J O'Neill, M. D.
, 19 (Address) Vandalia

*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~~: Vandalia Mo
DATE OF BURIAL: Apr. 20 1930

20. UNDERTAKER: J B Clark
ADDRESS: Vandalia Mo

IN 1st 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.