

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

Do not use this space.

30458-A
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Madison
Township Indulmace
City _____ (No. _____)

Registration District No. 526
Primary Registration District No. 570K

2. FULL NAME

William Wiley Cherry

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____ <u>Mrs. Roberta Cherry</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 8 - 1872</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>1</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Madison Co. Mo.

PARENTS	10. NAME OF FATHER <u>Jordan Cherry</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah W. Powell</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Mrs. W. W. Cherry
(Address) Atlanta Ga

15. FILED Feb 8, 1932 G. L. Carlson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1930, 1930 to Aug 8 1930, 1930 that I last saw alive on Aug 8, 1930, and that death occurred, on the date stated above, at 8:24 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis Anemia

71A

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 71A (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 Belly cont. Fracture
(Signed) _____, M. D.
. 19 (Address) La Orosse 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 <u>Steel Cemetery</u>	DATE OF BURIAL <u>Sept. 16 - 1930</u>
20. UNDERTAKER <u>D. S. Christie</u>	ADDRESS <u>La Plata</u>

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.

FEB 24 1932

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