

AR 24 1931

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

Do not use this space.

1. PLACE OF DEATH

County Rush
Township Saline
City (No.)

Registration District No. 290
Primary Registration District No. 3408

File No. 813
Registered No. 12
St. Ward)

2. FULL NAME

Mrs J. C. Huley
(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 <u>Female</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>J. C. Huley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 9, 1869</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	If less than 1 day hrs. min.

8. OCCUPATION OF DECEASED

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

Attard County, Mo.

10. NAME OF FATHER

D. S. Chapman

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

Chapman, Mo.

12. MAIDEN NAME OF MOTHER

Robert Brown

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

Robert, Mo.

14. INFORMANT (Address)

J. C. Huley
Senath, Mo.

15. FILED 37 19 31

J. C. Huley
REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2, 1931
17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 3:30 h.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of the heart -
30 minutes (duration) yrs. mos. ds.
CONTRIBUTORY Chronic Myocarditis (SECONDARY) (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? Physical Examination
(Signed) A. Huley M. D.
Senath, Mo. 19 31 (Address)

*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 DATE OF BURIAL
Senath Cemetery, Senath, Mo. Jan 4, 1931
20. UNDERTAKER ADDRESS
W. H. Huley, Senath, 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.

STATE DEPARTMENT; WITH CHANGING THESE IS A PERMANENT RECORD

