

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

Do not use this space.

1383

1. PLACE OF DEATH

County Jackson
Township Law
City 156 7th (No. 2003 Monroe)

Registration District No. 399
Primary Registration District No. 1003

File No. _____
Registered No. 214
St. _____ Ward _____

2. FULL NAME

William Henry Caley
(a) Residence. No. 2003 Monroe St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Caley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 61

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 5 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Store Counter
(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) N.Y. 2

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Anna Caley
(Address) 2003 Monroe

15. FILED Jan 16 1931 M. M. Kerow REGISTRAR
user

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 5

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Biopsy of heart

(Signed) Blair Campbell M.D.

1/16 1931 (Address) Cerone

*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 Ednwood DATE OF BURIAL Jan 16 1931

20. UNDERTAKER Rose & Venderam ADDRESS 15th Jackson

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 BOARD OF HEALTH WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

