

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

Do not use this space.

5360

1. PLACE OF DEATH

County Grm
Township
City (No.)

Registration District No. 1153
Primary Registration District No. 6549

File No.
Registered No. (Ward)

2. FULL NAME

Francis Ann Hiley

(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 Female 4. COLOR OR RACE White 5. SINGLE-MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Hiley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 - 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home 795
(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) Missouri

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER Angeline Sawyer

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

14. INFORMANT Bud Hiley
(Address) Bellevue Missouri

15. FILED Mar 11 1931 Miss W A Townsend
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 to Feb 27, 1931, and that I last saw him alive on Feb 27, 1931, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Proseps - Resulting from Nephritis & Middle ear of Heart Valve
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma,
20 years (duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 92 W 132 A

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Examined
(Signed) E. J. Harness M. D.
, 19 (Address) Bellevue 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 DATE OF BURIAL

Caledonia Mo. March 2 1931

20. UNDERTAKER ADDRESS
H. P. White & Son Doctor

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.

APR 23 1931

