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

Do not use this space.

9067

File No.
Registered No.

APR 21 1931

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 128
Township: Appleton — Primary Registration District No. 51763
City: New Oak Ridge (No. , St. Ward)

2. FULL NAME Magie Lee Wirly

(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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF daughter Walter Wirly & Wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1930

7. AGE: Years | Months: 3 | Days: 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Oak Ridge Mo.

FATHER
13. NAME Walter Wirly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Oak Ridge Mo.

MOTHER
15. MAIDEN NAME Roxie A Dieberson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jackson Mo.

17. INFORMANT (ADDRESS) Mrs Emil Seivert Jackson R.R. # 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shamrock DATE Mch. 25 1931

19. UNDERTAKER (ADDRESS) Orgus E Miller Jackson Mo.

20. FILED APR 1 0 1931, 19 Laura Veach, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931, to Mar 28, 1931
I last saw h alive on Mar 23, 1931. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset Mar 18
10 TA
16 TA
Other contributory causes of importance? none

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. L. Bertsmayer, M. D.
(Address) Jackson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD