

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

Do not use this space.

11332

1. PLACE OF DEATH

County St. Francois
Township Perry
City Bonne Terre (No.)

Registration District No. 775-
Primary Registration District No. 6020

File No.
Registered No. 218
St. Ward)

2. FULL NAME

(a) Residence, No. Belgrade 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Callie Ann Wiley</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 4 - 18 67</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
<u>63</u>	<u>6</u>	<u>13</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Merchant 164</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>General store</u>					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Belgrade Missouri 1

10. NAME OF FATHER
Wm Wiley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Unknown 21

12. MAIDEN NAME OF MOTHER
Unknown

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

14. INFORMANT (Address)
John Brishon
7 Cut River mo

15. FILED 3/15-21 1931
T. A. Bon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1931

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to March 17, 1931, that I last saw him alive on March 17, 1931, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Compound fracture of skull
Pressure & laceration inflicted by
some blunt object by unknown
person (duration) yrs. mos. 12 da.

CONTRIBUTORY (SECONDARY) Sciss
1931 (duration) yrs. mos. 12 da.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH. Belgrade Mo.

0 DID AN OPERATION PRECEDE DEATH. No. DATE of
WAS THERE AN AUTOPSY. No.

WHAT TEST CONFIRMED DIAGNOSIS. Physical findings
(Signed) Samuel Edmund, M. D.

3/18, 1931. (Address) Bonne Terre Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Caladonia Mo **DATE OF BURIAL** March 19 1931

20. UNDERTAKER A. R. White & Son **ADDRESS** Bismarck Mo

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

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 27 1931

