

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

Do not use this space.

14129

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Wass

Primary Registration District No. 1008

City Hanness City (No. 14)

File No. \_\_\_\_\_  
Registered No. 1038  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

June Marie Wiles  
(a) Residence No. 1212 Jannett 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 30 - 1929</u>		
7. AGE	YEARS	MONTHS
<u>1</u>	<u>11</u>	<u>5</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Child</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 5 1931 to Apr 5 1931 that I last saw h. alive on Apr 5 1931 and that death occurred, on the date stated above, at 4 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

177 leasts enteritis  
119 B (duration) yrs. mos. ds. 9

CONTRIBUTORY (SECONDARY) Probably from ptomaine poisoning (duration) yrs. mos. ds. Bds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS General  
(Signed) W. M. Martin M. D.  
4/6 1931 (Address) 6500 Wash Park Blvd

\*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.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mass

10. NAME OF FATHER Leonard Wiles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) N. Dakota

12. MAIDEN NAME OF MOTHER Mildred Galledge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) N. K. C.

14. INFORMANT Leonard Wiles  
(Address) 1212 Jannett

15. FILED 4/7 1931 M. M. Crowe  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn N. E. C. DATE OF BURIAL 4-8 1931

20. UNDERTAKER H. H. Blackman & Son City ADDRESS

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

