

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

Do not use this space.

43166

1. PLACE OF DEATH
 County Tyler Registration District No. 863
 Township Piney Primary Registration District No. 6137
 City Wiley (No.) St. Ward

2. FULL NAME Wiley Kent
 (a) Residence No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. 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) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malvina Kent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-10-58

7. AGE YEARS 73 MONTHS 6 DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Suburban
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wiley
 (STATE OR COUNTRY)

10. NAME OF FATHER William Kent
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wiley
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Wiley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wiley
 (STATE OR COUNTRY)

14. INFORMANT J.W. Kent
 (Address) Houston Mo

15. FILED 12-13-31 J.P. Monack
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-13 1931
 17. I HEREBY CERTIFY, That I attended deceased from Wiley Mo that I last saw him alive on 12-10 1931, and that death occurred, on the date stated above, at Wiley Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unable to
state
200B (duration) yrs. mos. ds.
 CONTRIBUTORY 200B
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? 8 DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J.P. Monack M.D.
 , 19 31 (Address) Houston 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 Oakhill DATE OF BURIAL 12-13 1931
 20. UNDERTAKER G.V. Elbert ADDRESS Houston

K. 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.

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

