

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.

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

Do not use this space.

6684

1. PLACE OF DEATH

County..... Registration District No. 781  
Township..... Primary Registration District No. 1009  
City St. Louis (No. 904) St. Taylor

File No. ....  
Registered No. 1760  
St. .... Ward)

2. FULL NAME

Joseph Elmer Hiley  
(a) Residence, No. 904 St. Taylor St., 11 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>Male</u>	4. COLOR OR RACE <u>White</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. 31 1880</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>5</u>	DAYS <u>22</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Repairer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>89</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stratton Ill.

MOTHER FATHER	13. NAME <u>William Leroy Hiley</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Prina Jane McDonald</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>

17. INFORMANT (ADDRESS) Mrs. C. H. Maxfield, 4407 Anderson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walzalla Crematory DATE 2/24 1932

19. UNDERTAKER (ADDRESS) Deidewyde Funeral Home

20. FILED FEB 23 1932 19 May 1932 Registrar.

No. 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 10:22 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation due to self-administered cyanide  
164A Date of onset

Other contributory causes of importance: 164 Suicide

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 2/22, 1932

Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In Home

Manner of injury Asphyxiation

Nature of injury Self Administered Cyanide Poison

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Asphyxiation  
(Signed) John H. Hurley M.D.  
(Address) 1231st Dept. Crown

