

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

Do not use this space.

20960

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1005  
 City..... (No. St. Louis, Mo. Merwin Dexter Hoop)  
 St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. 1006 Amidon St., 17 Ward. Wichita, Kansas  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 38 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace E. Piley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26, 1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>12</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>Train baggage man</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad 979</u>	
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) <u>Indianapolis Ind</u>		
FATHER	13. NAME <u>Geo E Piley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Coverdale</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT (ADDRESS) <u>Grace E. Piley Wichita Kans.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wichita</u> DATE <u>June 10, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>A. H. ...</u>		
20. FILED <u>JUN -8 1932</u> <u>W. C. ...</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY, that I attended deceased from May 7, 1932 to June 8, 1932  
 I last saw him alive on June 8, 1932 Death is said to have occurred on the date stated above, at 6:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis, chr.  
auricular fibrillation  
mesenteric thrombosis

Name of operation x-Ray Date of.....  
 What test confirmed diagnosis? EKG Was there an autopsy? no

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 Robert C. ...  
 (Signed) Robert C. ... D.  
 (Address) 17555 Grand Ave  
 Me. Pac. Hospital

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.

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