

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

Do not use this space.

25953

1. PLACE OF DEATH

County Greene Registration District No. 318  
 Township St. James Primary Registration District No. 2001  
 City St. James (No. St. John's Hospital, St. Ward)

2. FULL NAME

(a) Residence, No. L.A.N.D.O.N. St. Bolivar, Mo.  
 (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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Margue F. Viles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6, 1891</u>		
7. AGE <u>61</u>	YEARS <u>0</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		11. Total time (years) spent in this occupation <u>17 1/2</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Folk County, Missouri</u>		
13. NAME <u>Richard B. Viles</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Folk County, Missouri</u>		
15. MAIDEN NAME <u>Amanda McChubb</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Folk County, Missouri</u>		
17. INFORMANT (ADDRESS) <u>W. H. Viles, Bolivar, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bolivar, Mo.</u> DATE <u>Aug. 28, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>White Head &amp; Sons, Bolivar, Mo.</u>		
20. FILED <u>8-25-32</u> <u>Ralph Langston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1932

22. I HEREBY CERTIFY, That attended deceased from Aug 24, 1932, to Aug 25, 1932. I last saw him alive on Aug 25, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.. The principal cause of death and related causes of importance were as follows:  
Meningitis - Pneumococac Aug 23, 1932  
1994 1791

Other contributory causes of importance:  
①

Name of operation none Date of       
 What test confirmed diagnosis? Serumatory 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       
 (Signed) J. B. Camp, M. D.  
 (Address) Springfield 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.

SEP 22 1932

