

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

Do not use this space.

36019

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 307 East Dartmouth Road St. _____ Ward)

2. FULL NAME

William Howard Wyley
 (a) Residence, No. 307 East Dartmouth Road 8 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Ida Wyley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1872		
7. AGE YEARS 60	MONTHS 0	DAYS 4
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
	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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE OR COUNTRY) New York

13. NAME James Wyley
 14. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE OR COUNTRY) New York

15. MAIDEN NAME Edith Allcott
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) England

17. INFORMANT Earl M Wyley Sr
 (ADDRESS) 307 E. Dartmouth Road

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elmwood DATE Nov. 3, 1932

19. UNDERTAKER Stevens McOlure
 (ADDRESS) 3235 Litchman Place

20. FILED Dec 1, 1932 M. M. Cronin
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 30, 1932**

22. I HEREBY CERTIFY that I attended deceased from Sept 2 1932 to Nov 30 1932
 I last saw him alive on Nov 29 1932 Death is said to have occurred on the date stated above, at A. m. 10:40
 The principal cause of death and related causes of importance were as follows:

Myocarditis, Acute Sept 1932 Date of onset
9415
04A
93A
 Other contributory causes of importance:
Angina Pectoris 6 mo
Coronary Arteriosclerosis Sept 1932

Name of operation Cholec Date of _____
 What test confirmed diagnosis? _____ 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 _____ (Address) 1022 Prof Rd, M. D.
H. P. Burphom
K. E. J. ...

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.

