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.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 41209
Township — Primary Registration District No. 3034 — Registered No. 136
City Moberly (No. 1031 Buchanan St. Ward)

2. FULL NAME William Martin Wales
(a) Residence, No. 1031 Buchanan St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29th 1932
7. AGE YEARS MONTHS 1 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) (STATE OR COUNTRY) Mo 1

FATHER
13. NAME Elevine Wales
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga 2

MOTHER
15. MAIDEN NAME Julia Sowers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Elevine Wales Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Dec 25th 1932
19. UNDERTAKER (ADDRESS) Mahan and Son Moberly Mo
20. FILED 12/24 1932 Thos. S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 — 1932 to Dec. 24 — 32
I last saw him alive on Dec. 23 — 1932 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Bronchial — Date of onset 2 or 3 wks
107 A
107 A
Other contributory causes of importance:
1
Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify No
(Signed) L. E. Huber, M. D.
(Address) Moberly Mo