

MARGIN RESERVED FOR BINDING

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.

APR 24 1933

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

Do not use this space.

10491

1. PLACE OF DEATH
 74 County Nodaway Registration District No. 624
 8 Township Hopkins Primary Registration District No. 4375
 6 City Hopkins (No. _____) St. _____ Ward _____

2. FULL NAME Andrew Jackson Wiley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 64 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 Mattie Wiley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm
 10. Date deceased last worked at this occupation (month and year) Feb. 1933 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County
Missouri

FATHER
 13. NAME James A. Wiley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorktown
Ohio

MOTHER
 15. MAIDEN NAME Cliza Allen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County
Missouri

17. INFORMANT Lourene Wiley
 (ADDRESS) Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE White Oak DATE Mar. 2 1933

19. UNDERTAKER F. L. Wetmore
 (ADDRESS) Bedford Mo

20. FILED W/V 19 33 O. H. Boyles
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1933, to Mar 1, 1933
 I last saw him alive on Mar 1, 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Fractured Vertebrae & back from accident.
Automobile
80%
 Other contributory causes of importance: Paralysis.

Name of operation _____ 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. Accident Date of injury 2-23-1933
 Where did injury occur? 8th Central + 1st Ave Verteb.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Car turned over
 Nature of injury Fracture Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Richard B. Bridgman, M. D.
 (Address) Hopkins, Mo

Date of onset
2-23-33
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