

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

Do not use this space.

13805

1. PLACE OF DEATH

58 County Leinn Registration District No. 496
1 Township Brookfield Primary Registration District No. 9025-
7 City Brookfield (No. 832 St. 2nd Ward)

File No. _____
Registered No. 33
St. 2nd Ward

2. FULL NAME

(a) Residence, No. 822 Snow St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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>Mrs. Eppie Wiley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 11 - 1873</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>3</u>
		DAYS
		<u>26</u>
10. Date deceased last worked at this occupation (month and year) <u>Aug 1 - 33</u>		11. Total time (years) spent in this occupation <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Butcher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus Ia</u>		
13. NAME <u>C. A. Wiley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indianapolis</u>		
15. MAIDEN NAME <u>Amanda C. Kipper</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indianapolis</u>		
17. INFORMANT <u>Howard C. Wiley</u> (ADDRESS) <u>Brookfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbus Mo</u> DATE <u>4/10/33</u>		
19. UNDERTAKER <u>Hunter & Kellins</u> (ADDRESS) <u>Brookfield</u>		
20. FILED <u>4-8</u> , 19 <u>33</u> <u>C. E. Justice</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 -, 1933, to April 7, 1933
I last saw him alive on April 7, 1933 Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:
137 A
Cerebral apoplexy
97
Other contributory causes of importance: 137
Myocarditis
Arteriosclerosis
Jan 1 1933

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? No
If so, specify _____
(Signed) Max Duce, M. D.
(Address) Brookfield Mo

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAY 22 1933

NOV 1 1944