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.

JUN 23 1933

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

Do not use this space.

File No. 16978

Registered No. 4

1. PLACE OF DEATH

51 County Johnson — Registration District No. 438

Township Simpson — Primary Registration District No. 5595

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Absolum Mathew Wiley

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs A. M. Wiley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Johnson, Co. Mo.

FATHER

13. NAME Absolum Wiley ~~Absolu~~

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnKnown

MOTHER

15. MAIDEN NAME Martha Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson, Co. Mo.

17. INFORMANT (ADDRESS) Mrs. A. M. Wiley Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Hill DATE May, 5 1933

19. UNDERTAKER (ADDRESS) Sweeney-Phillips Warrensburg, Mo.

20. FILED 6/9 1933 Mrs A. Norton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to May 3, 1933

I last saw him alive on May 3, 1933 Death is said to have occurred on the date stated above, at 9:00 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chr Valvular Disease	
131	
131	

Other contributory causes of importance:

(1) Chr Nephritis (Interstitial)

Name of operation ✓ 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) Geo. Grove, M. D.

(Address) Knob Noster, Mo