

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.

JAN 26 1934

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

Do not use this space.

39120

1. PLACE OF DEATH

County Polk
Township Liberty
City near Lutesville (No.)

Registration District No. 67
Primary Registration District No. 5-104

File No.
Registered No. 34
St. Ward)

2. FULL NAME Opheasia Liley

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 10 mos. 8 da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1855
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 10 8

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farming
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) 1/2/33 11. Total time (years) spent in this occupation 1/2/33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

13. NAME Marston Liley

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

15. MAIDEN NAME Anna E. Hartline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Charles Liley (Son)

18. BURIAL, CREMATION, OR REMOVAL PLACE Myers Cem. DATE Dec 24 33

19. UNDERTAKER (ADDRESS) A. J. Baker Lutesville, Mo.

20. FILED 12-28 1933 C. A. Sander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-22-33, 19... to 12-22-33, 19... I last saw h. alive on 12-22-33, 19... Death is said to have occurred on the date stated above, at 12-22-33 m.

The principal cause of death and related causes of importance were as follows:
Verdict of Coroner Heart failure to my knowledge has been affected with irregular heart-beats for no. of years 12/19
Other contributory causes of importance: 95

Name of operation 95 Date of 12/22/33
What test confirmed diagnosis? 95 Was there an autopsy? 95

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 95 Date of injury 12-22-33
Where did injury occur? 95 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 95
Nature of injury 95

24. Was disease or injury in any way related to occupation of deceased? 95
If so, specify 95
(Signed) J. D. Van Amburgh, Jr.
(Address) Lutesville, Mo.

