

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

Do not use this space.

**1. PLACE OF DEATH**

County Carroll  
Township Dewitt  
City Dewitt (No. \_\_\_\_\_)

Registration District No. 134  
Primary Registration District No. 5194

File No. 16021  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 1871

7. AGE YEARS 63 MONTHS 3 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Saline County

13. NAME Nehemiah Dilley

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

15. MAIDEN NAME Caroline Ketton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County

17. INFORMANT (ADDRESS) Frank Dilley

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cem DATE 5-23 1934

19. UNDERTAKER (ADDRESS) Stanley

20. FILED 5-24-34 Carroll Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to May 15 1934

I last saw him alive on May 15 1934 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: Endocarditis Date of onset \_\_\_\_\_

928

Other contributory causes of importance: 926

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Blued 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) W. B. Booth Registrar.  
(Address) Boonworth

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 30 1934

WRITE PLAINLY; WITH CARE AND PRECISION; THIS IS A PERMANENT RECORD

