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.

AUG 14 1934

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

Do not use this space.

File No. 23581.
Registered No. 125

1. PLACE OF DEATH
County: Cape Girardeau.
Township: Cape Girardeau.
City: Cape Girardeau. (No. ..... St. ..... Ward)

Registration District No. 125
Primary Registration District No. 5178

2. FULL NAME: Wylie. Shy.

(a) Residence, No. River Bank. So. Cape. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4 - 1882

7. AGE: Years 52. Months ..... Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: River Work.
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): State of Kentucky.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Joe. Lawrence Illmo. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lightners Cem. DATE: 7-18-34. 19

19. UNDERTAKER (ADDRESS): Bisplinghoff & Hubbard Selma, Mo.

20. FILED: 7-18-, 1934 J. D. Thompson M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

Cerebral Hemorrage.

Date of onset

Other contributory causes of importance:

None.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7-17-, 1934
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? .....
If so, specify .....

(Signed) J. A. Moore M.D.
(Address) Coroner.