

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.

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

Do not use this space.

DEC 17 1934

39839

1. PLACE OF DEATH

County Johnson
Township
City Warrensburg (No. _____)

Registration District No. 431
Primary Registration District No. 3023

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Moses Wiley

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

(Usual place of abode)

(If nonresident, give city or town and State)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Wiley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-27-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 4

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

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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Falls Iowa13. NAME Tobias Wiley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany15. MAIDEN NAME Sophia Remond16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany17. INFORMANT (ADDRESS) L. L. Wiley Warrensburg, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Nov-2-193419. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg, Mo.20. FILED 11/1 1934 Earl Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-2-193422. I HEREBY CERTIFY, That I attended deceased from May 1933 to Oct. 6 1934I last saw him alive on Oct 6 1934. Death is saidto have occurred on the date stated above, at 7:00 A.M.

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

Paralysis CecitansDate of onset 1925Other contributory causes of importance: Senile induration

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) L. J. Schaefer, M. D.(Address) Warrensburg, Mo.

