

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.

JAN 15 1935

41938

1. PLACE OF DEATH

County Boffinger
Township Paradise
City Paradise (No. _____)

Registration District No. 66
Primary Registration District No. 5102 B

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

2. FULL NAME

Willie Wiley
(a) Residence, No. 2414 N. W. St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Biddie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 - 1885</u>		
7. AGE <u>49</u>	YEARS <u>7</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
10. Date deceased last worked at this occupation (month and year) <u>Dec. 1934</u>		11. Total time (years) spent in this occupation <u>19 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>John Biddie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2414 N. W.</u> DATE <u>Jan 1</u> 1935		
19. UNDERTAKER (ADDRESS) <u>W. C. B. Co.</u>		
20. FILED <u>1/1</u> 1935 <u>J. J. Chandler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1934, to Dec. 31 1934
I last saw her alive on Dec. 31 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Meningitis caused from Abscess in Ear
Date of onset Dec. 29

Other contributory causes of importance:
Unknown

Name of operation No 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 _____ 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) J. M. Finney M. D.
(Address) 2414 N. W.

