

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 12 1935

42729

1. PLACE OF DEATH

42 County Henry Registration District No. 349
Township Deer Creek Primary Registration District No. 5499
City _____ (No. _____)

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

John Franklin Wiley
(a) Residence No. Near Lewis station 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1851
7. AGE YEARS 83 MONTHS 4 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME James Wiley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

15. MAIDEN NAME Cathy Faith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

17. INFORMANT T. G. Wiley (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek DATE 12/15/34

19. UNDERTAKER Consilio & Peck (ADDRESS) Clinton Mo

20. FILED 12-16 1934 Mo. P. D. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1934
22. I HEREBY CERTIFY That I attended deceased from Jan 1 1934 to Dec 13 1934
I last saw him alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset Unknown
131
1343
131
Other contributory causes of importance:
Calculus in Bladder
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 _____ 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) D. A. Ballard M. D.
(Address) Calhoun Mo.

