

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

Do not use this space.

FEB 21 1935

45276

1. PLACE OF DEATH

County Registration District No. 791 File No.
Township Primary Registration District No. 1002 Registered No. 9
City St Louis Mo, (No. 3138 Brantner pl) Ward (.....)

2. FULL NAME

Martha Wiley
(a) Residence, No. 3138 Brantner pl St. 21 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>about 71</u>	MONTHS	DAYS
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation <u>106</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>131</u>	
	10. Date deceased last worked at this occupation (month and year) <u>67</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>marcie mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Bailey Wiley</u> (ADDRESS) <u>3138 A0 Brantner pl</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Jan 2 1935</u>		
19. UNDERTAKER <u>Thos Perkins</u> (ADDRESS) <u>3307 A West</u>		
20. FILED <u>Jan 1 1935</u> <u>J.P. Bredeck</u> Registrar.		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1934, to Dec 20, 1934, I last saw h.r. alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
(1) Senility Date of onset ?
(2) Chr. Bronchitis ?
(3) advanced arteriosclerosis ?
(4) cardiac failure 12/24/34
Other contributory causes of importance: Chr. hypertension ?

Name of operation Date of
What test confirmed diagnosis? lab chem Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Edmund M.D.
(Address) 1700 N. Grand

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.

