

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

Do not use this space.

MAR 21 1935

4727

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. 4727
 Township Fishing River Primary Registration District No. 3011 Registered No. _____
 City Excelsior Springs, Mo. (No. V.A. Facility) St. 3rd Ward _____

2. FULL NAME STALEY, William A.

(a) Residence, No. V.A.F., Excelsior Springs, Mo. St. Ward. Sedalia, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. 23 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 Margaret Staley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Procter, Missouri

13. NAME Tom Staley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales, Eng.

15. MAIDEN NAME Nellie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co., Missouri

17. INFORMANT Records V.A. Facility (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE Febr. 15, 1935

19. UNDERTAKER Herbert Hope (ADDRESS) Excelsior Springs, Mo.

20. FILED Feb. 14, 1935 Mr. R. M. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1934, 19... to Febr. 14, 1935, 19...
 I last saw him alive on February 14, 1935 Death is said to have occurred on the date stated above, at 9:35 m.
 The principal cause of death and related causes of importance were as follows:

Enteritis, type undetermined Date of onset _____
1010
 Other contributory causes of importance:
Broncho-pneumonia
Arteriosclerosis general

Name of operation XX Date of _____
 What test confirmed diagnosis Exam. & Obs. Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? XX Date of injury _____, 19...
 Where did injury occur? XX (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XX
 Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify XX
 (Signed) H. C. HARDEGREE, M. D.
 (Address) V.A.F. Excelsior Springs, Mo.

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.

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8
20
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