

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

Do not use this space.

APR 2 1935

7691

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Marshall Primary Registration District No. 3038
City Marshall (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 26

2. FULL NAME

Isiahm Tarleton Railey
(a) Residence, No. East 2nd St. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loretta Margaret Railey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
94 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 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) Covington, Ky.

13. NAME John Woodson Railey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington, Ky.

15. MAIDEN NAME Nancy Ferris Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington, Ky.

17. INFORMANT (ADDRESS) Miss Inge Hendon East 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgely Cemetery DATE Feb 20, 1935

19. UNDERTAKER (ADDRESS) W. H. Hendon Marshall Mo.

20. FILED Feb 19, 1935 Helene Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1935 to Feb 17, 1935
I last saw him alive on Feb 17, 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

(Old age) Senility Date of onset _____

Other contributory causes of importance: Not stroke of paralysis 1933

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) A. C. Putnam, M. D.
(Address) Marshall Mo.

WRITE FULLY, 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.

