

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.

FEB 19 1936

1018

**1. PLACE OF DEATH**  
 County Harrison Registration District No. 334  
 Township Fox Creek Primary Registration District No. 5468  
 City (No. ....) City ..... St. .... Ward)

**2. FULL NAME** Minnie Wiley  
 (a) Residence. No. .... 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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>white</u>   | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Married</u> |           |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bert Wiley</u>   |  |  |           |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4/14/1879</u>  |  |  |           |
| 7. AGE   | YEARS  | MONTHS   | DAY       |
|  | <u>56</u>  | <u>8</u>   | <u>29</u> |
|  | If LESS than 1 day, ..... hrs. or ..... min.                               |  |           |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work. <u>Housekeeper</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) .....<br>(c) Name of employer ..... |  |  |           |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>  |  |  |           |
| <b>PARENTS</b>   | 10. NAME OF FATHER <u>Phillip Miller</u>                                   |  |           |
|  | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>     |  |           |
|  | 12. MAIDEN NAME OF MOTHER <u>Mary Barb</u>                                 |  |           |
|  | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |  |           |
| 14. INFORMANT <u>Clifford Wiley</u><br>(Address) <u>Bethany, Mo.</u>   |  |  |           |
| 15. FILED <u>Jan 15, 1936</u> <u>A. P. Wehrli</u> REGISTRAR  |  |  |           |

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/13/36 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Jan. 13, 1936.  
 that I last saw h. em. alive on Jan. 13, 1936, and that death occurred, on the date stated above, at 2:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Embolism  
 (duration) yrs. mos. 13 ds.

CONTRIBUTOR Chronic Myocarditis -  
 (SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Ohio  
 IF NOT AT PLACE OF DEATH, DATE OF .....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) W. P. Proby, M. D.  
1-14, 1936 (Address) Bethany Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

|   |  |
|---|--|
| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL<br><u>Swanson Cnty</u> | DATE OF BURIAL<br><u>1/15</u> 19 <u>36</u> |
| 20. UNDERTAKER<br><u>J. M. Chambers</u>                           | ADDRESS<br><u>Mt. Moriah</u><br><u>Mo.</u> |

