

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

Do not use this space.

Wm. Wiley H
21822

1. PLACE OF DEATH

County Wheeler Registration District No. 900
Township Wingona Primary Registration District No. 6207
City Wingona (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 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 <u>F</u>	4. COLOR OR RACE <u>W</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>John Hogan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27 1887</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>11</u>	<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>1935</u>			
	11. Total time (years) spent in this occupation <u>life</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21 1936 to May 2 1936
I last saw h. e. r. alive on April 30 1936 Death is said to have occurred on the date stated above, at 7:00A.M.
The principal cause of death and related causes of importance were as follows:
Chron. Pulmon. Infection - Infecting Organism not ident. Chronic Bronchitis. (Patient was not seen until too late to obtain X-Ray & laboratory exam.)
Other contributory causes of importance:
Senility
Bronchial Pneumonia (terminal)

Date of onset
years
year

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Geo W. Steen</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Thursday Russell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Mrs. John Miller Clinton Mo</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Wingona</u>
	DATE <u>May 6 1936</u>
19. UNDERTAKER (ADDRESS) <u>Dr. W. H. ...</u>	
20. FILED <u>July 9 1936 Mrs. ...</u>	Registrar.

Name of operation No Date of _____

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence, pain 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 CR Macdonnell M. D.
(Signed) _____
(Address) Marshfield, Mo

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.

