

JUL 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Dent

Registration District No. 266

Township _____

Primary Registration District No. 4164

City Salem (No. _____)

St. _____ Ward _____

File No. 22455
Registered No. K5

2. FULL NAME William Tallor Wesley

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Petty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 6 8

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

13. NAME Robert Wesley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---

15. MAIDEN NAME --- Randolph

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---

17. INFORMANT Jack Wesley (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frazier Cem DATE 6/10/36

19. UNDERTAKER Carl K Srencer (ADDRESS) Salem Mo

20. FILED 6/9 / 19 36 W. E. Rudolph, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31 1936 to June 8 1936

I last saw him alive on June 8 1936 Death is said to have occurred on the date stated above, at 4:30 P M

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

Military tuberculosis Date of onset Apr 36

Other contributory causes of importance: Pneumonia Feb '36

Name of operation None Date of _____

What test confirmed diagnosis? Russel Sign 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 ✓, 1936

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) W. E. Rudolph, Jr. M. D.

(Address) Salem, Missouri

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.

