

JUL 23 1936

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

Do not use this space.

23337
49

1. PLACE OF DEATH

County Ray
Township Ray
City Ray (No. _____)

Registration District No. 461
Primary Registration District No. 5625

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ethel May Viles

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1929

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at Ray.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than a day,hrs. ormin. |
|--------|----------|----------|-----------|--|
| | <u>6</u> | <u>6</u> | <u>10</u> | |

The principal cause of death and related causes of importance were as follows:
Fractured skull Date of onset _____

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

Other contributory causes of importance
Both femurs fractured

12. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mo

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

13. NAME Frank Viles

14. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Mo

15. MAIDEN NAME Della Dennis

16. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6-7-36
Where did injury occur? highway (specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Frank Viles Lexington Mo

Manner of injury Automobile accident
Nature of injury skull fracture

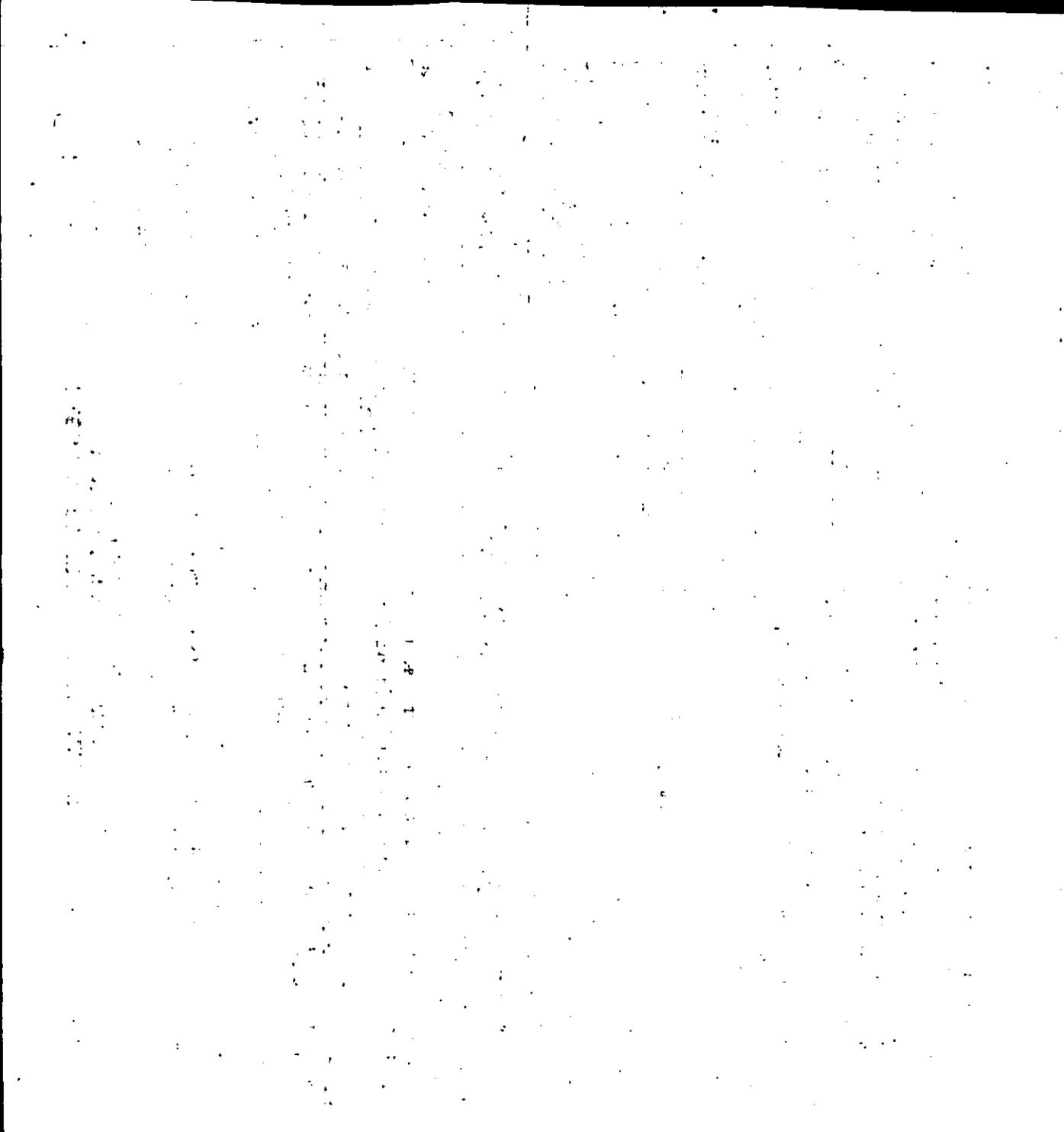
18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo DATE June 9 1936

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER (ADDRESS) Winkler Lexington Mo

(Signed) E. J. Hurton Coroner, M. D.
(Address) Concordia

20. FILED June 9, 1936 Faye B. Bates Registrar.



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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Washington
City Washington

Registration District No. 461
Primary Registration District No. 3675

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ethel May Viles

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 6 10

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 6-9-36 Jays B. Bets 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 _____ 19 _____, to _____ 19 _____

I last saw him/her alive on _____ 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Fractured skull

Other contributory causes of importance:
Both femurs fract. med. pedic. trans. was walking on highway.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) E. L. Johnston

(Address) Concordia mo

9-11-36

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