

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.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

DEC 18 1936

29861-1

1. PLACE OF DEATH

County Bellinger
Township Lorange
City Lutesville (No.)

Registration District No. 66
Primary Registration District No. 4038

File No.
Registered No.
St. Ward)

2. FULL NAME

Lyman Glenwood 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-3-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
4 4 16

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) Delassus, Mo.
(STATE OR COUNTRY) St. Francis, County

13. NAME W. M. Wiley

14. BIRTHPLACE (CITY OR TOWN) Trondale, Mo.
(STATE OR COUNTRY) Washington, County

15. MAIDEN NAME Ellen Thomson

16. BIRTHPLACE (CITY OR TOWN) Knoblick, Mo.
(STATE OR COUNTRY)

17. INFORMANT W. M. Wiley
(ADDRESS) Lutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Danvers, Mo. DATE Aug. 20, 1936

19. UNDERTAKER A. J. Baber
(ADDRESS) Lutesville

20. FILED 12/10/36 J. J. G. Hansen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Aug. 19, 1936

I last saw him alive on Aug. 19, 1936. Death is said to have occurred on the date stated above, at 9:50 P. M.

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

Blood poison from infected teeth.

Other contributory causes of importance

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) J. A. Van Auberg, M. D.
(Address) Lutesville, Mo.

