

SEP 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County *Nodaway*
Township *Stephens*
City *Hopkins* (No.)

Registration District No. *624*
Primary Registration District No. *4375*

File No. *31831*
Registered No. *9*
St. Ward)

2. FULL NAME

(a) Residence, No. *Goldie F. Wiley* St. Ward.
(Usual place of abode) *Hopkins Mo.*

Length of residence in city or town where death occurred *30* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lawrence F. Wiley</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 30 - 1889</i>		
7. AGE	YEARS <i>47</i>	MONTHS <i>4</i>
	DAYS <i>11</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House-wife</i>	
	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) <i>Carroll Mo</i>		
FATHER	13. NAME <i>Robert Watson</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Iowa</i>	
MOTHER	15. MAIDEN NAME <i>Laura Lewis</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hopkins Mo</i>	
17. INFORMANT (ADDRESS) <i>Mrs. F. St. Wiley Hickory, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>White Oak</i> DATE <i>Aug 12 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Price Furniture Co. Maysville, Mo.</i>		
20. FILED <i>8/12/36</i> 1936 <i>H. J. Payne</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 10 1936*

22. I HEREBY CERTIFY, That I attended deceased from *11/36* to *8/10 1936*
I last saw *her* alive on *8/19/36* Death is said to have occurred on the date stated above, at *11 am*.
The principal cause of death and related causes of importance were as follows:
Chronic valvular disease of heart
92
Other contributory causes of importance:
embolic mesenteric artery
Date of onset *8/9/36*

Name of operation Date of
What test confirmed diagnosis *physical* 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 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) *C. W. Kurtz*, M. D.
(Address) *Hopkins 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.

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