

OCT 2 1936

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

Do not use this space.

35745

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1903**
City **St. Louis, Mo.** **Mo. Pac. Hospital** File No. **9366**
St. Ward)

2. FULL NAME

Felix James Carley
(a) Residence, No. **3828** **Detonty** st., **17** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **28** 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 **M** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22 - 1883**
7. AGE YEARS **53** MONTHS **1** DAYS **18** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Round House**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Foreman**
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) **Detonty Mo.**

13. NAME **James F. Carley**

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

15. MAIDEN NAME **Emma Jane Hubbs**

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

17. INFORMANT (ADDRESS) **Mrs. Harry Brown**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Depts** DATE **Sept 12** 19**36**

19. UNDERTAKER (ADDRESS) **McGhee**

20. FILED **SEP 11 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 10** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **9-9**, 19**36**, to **9-10**, 19**36**.
I last saw him alive on **9-9**, 19**36**. Death is said

to have occurred on the date stated above, at **10:59 a.m.**

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

Ruptured duodenal ulcer with Generalized peritonitis

Date of onset **9-8-36**

Other contributory causes of importance: **Generalized**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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? **No**
If so, specify

(Signed) **R. H. McElroy** M. D.
(Address) **Missouri Pacific Hospital**

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.

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