

FEB 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

792

1. PLACE OF DEATH

County DeKalbTownship ColfaxCity Arthur J. Wile (No.)Registration District No. 260Primary Registration District No. 5362File No. Registered No. St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur J. Wile</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 1849</u>		
7. AGE <u>87</u>	YEARS <u>50</u>	MONTHS <u>25</u>
If LESS than 1 day, hrs. or min.		

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia13. NAME Not Known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known17. INFORMANT John W. Johnson (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE Amity Cemetery DATE Jan 3 193719. UNDERTAKER E. G. Myers (ADDRESS) Sturtevantville mo.20. FILED Jan 2 1937 Mildred McMichael Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 193722. I HEREBY CERTIFY, That I attended deceased from Dec 31 1936, to Jan 1 1937I last saw him alive on Jan 1 1937 Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

EmphysemaOther 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) M. S. Hale 1, M. D.(Address) Osborn 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.

