

APR 21 1937

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

Do not use this space.

12442

## 1. PLACE OF DEATH

County LawrenceRegistration District No. 471Township Pine CityPrimary Registration District No. 4284City Pine City

(No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. IIIRegistered No. 62. FULL NAME Permelie Ann Motley(a) Residence, No. Pine City Mo

(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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

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

3-9-1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

75827

OCCUPATION

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)

Lawrence County

FATHER

13. NAME

Edwin Motley

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

Kentucky

MOTHER

15. MAIDEN NAME

Amanda Moody

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

Kentucky

17. INFORMANT (ADDRESS)

Eugene Motley R.F.D. Hunt with Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dry Valley CemeteryMar-5-1937

19. UNDERTAKER (ADDRESS)

Collon & Co Pine City Mo

20. FILED

March 27 1937E. B. Wright Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-37

22. I HEREBY CERTIFY, That I attended deceased from

7-14-37 19... to 3-3-37 19...I last saw him alive on 3-3-37 19... Death is saidto have occurred on the date stated above, at 9 P. m.

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

Chronic Corneal Sion with probable maladjustment degeneration changes.

Date of onset

8 days

Other contributory causes of importance:

Edema of feet. Ho asthma and edema limbs.2-20-3710 yearsName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Phy. Sion 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? no

If so, specify \_\_\_\_\_

(Signed) H. Roe Clark, M. D.(Address) Pine City Mo

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.

