

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.

2688  
C 6-22

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

Do not use this space.

1. PLACE OF DEATH **MAY 15 1937**

County **Jackson**  
Township **Kaw**  
City **Kansas City**

Registration District No. **399**  
Primary Registration District No. **1002**  
(No. **922 Cambridge**)

File No. **15256**  
Registered No. **1802**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Robert Wiley**  
(a) Residence, No. **922 Cambridge St.**, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alberta Kunkler Wiley**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6/3/1881**  
7. AGE YEARS **55** MONTHS **5** DAYS **10** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **section hand**  
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 14**, 19**37**  
22. I HEREBY CERTIFY, That I attended deceased from **April 8**, 19**37**, to **April 13**, 19**37**.  
I last saw **him** alive on **April 13**, 19**37**. Death is said to have occurred on the date stated above, at **2** **A.** m.  
The principal cause of death and related causes of importance were as follows:  
**Lobar Pneumonia** Date of onset **4/12/37**  
**108**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**  
13. NAME **Samuel Wiley**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**  
15. MAIDEN NAME **No record**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**  
17. INFORMANT **Mrs. Robert Wiley** (ADDRESS) **922 Cambridge St**  
18. BURIAL, CREMATION, OR REMOVAL **Union cemetery** PLACE **Lawson Mo.** DATE **4/16/37**, 19\_\_  
19. UNDERTAKER **Sheil Funeral Home** (ADDRESS) **6806 Indep. Ave**  
20. FILED **Apr 15 37 M. M. Brown** Registrar.

Other contributory causes of importance:  
Name of operation **None** Date of \_\_\_\_\_  
What test confirmed diagnosis? **None** 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) **J. F. Swanson**, M. D.  
(Address) **22816 East 6th St**

