

N. B.—Every item of information should be carefully supplied. A fee should be stated when a certificate is ordered. If the certificate is not returned, the fee will not be refunded. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 18 1937

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

Do not use this space.

10808

54

1. PLACE OF DEATH *blau*
 County *Liberty* Registration District No. *201*
 Township *Liberty* Primary Registration District No. *5280*
 City *Liberty* (No. _____) St. _____ Ward _____

2. FULL NAME *Elizabeth Viles*
 (a) Residence, No. _____ Ward _____
 (Usual place of abode) *Liberty Mo.* (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mes. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-1-1862*

7. AGE YEARS *75* MONTHS *2* DAYS *13* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) *England*

FATHER 13. NAME *Joseph Toy*

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

MOTHER 15. MAIDEN NAME *Ann Bethy*

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

17. INFORMANT *Nary Viles*
 (ADDRESS) *Liberty Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Liberty Mo.* DATE *5-16-1937*

19. UNDERTAKER *Marvin Nessel*
 (ADDRESS) *Liberty Mo.*

20. FILED *5-16-1937* *E. T. Bram*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14*, 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 1st* to *May 14*, 19*37*
 I last saw him alive on *Dec 13*, 19*37* Death is said to have occurred on the date stated above, at *19* m.
 The principal cause of death and related causes of importance were as follows:
Senility

Other 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 *F. H. Matthews*
 (Signed) _____ (Address) *Liberty Mo*, M. D.

