

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Talk
Township Mouley
City Halfway (No. 2) St. 1 Ward

Registration District No. 710
Primary Registration District No. 5939

File No. 21041
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beulah Viles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28, 1892</u>		
7. AGE <u>45</u> YEARS	<u>3</u> MONTHS	<u>11</u> DAYS
8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Talk County Missouri</u>		
13. NAME <u>Gal Viles</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Talk County Missouri</u>		
15. MAIDEN NAME <u>Martha E. Thristle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Talk County Missouri</u>		
17. INFORMANT <u>G. H. Viles</u> (ADDRESS) <u>Halfway, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Belleville</u> <u>May 10, 37</u>		
19. UNDERTAKER <u>William B. Brown</u> (ADDRESS) <u>Belleville, Mo.</u>		
20. FILED <u>May 16, 1937</u> <u>E. Estelle Bixton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to May 9, 1937.
I last saw deceased alive on May 9, 1937. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Dropsy Date of onset _____

Other contributory causes of importance:
ASB

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) W. E. Albright, M. D.
(Address) Belleville, 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.

