

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

Do not use this space.

AUG 27 1937

1. PLACE OF DEATH

County Oregon
Township Oak Grove
City

2
1
Registration District No. 432
Primary Registration District No. 1847

File No. 27969
Registered No. 38

2. FULL NAME Millington Wesley

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IS MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) Widow of Remilla Capshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 3 -

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 22

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

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) Tenn.

13. NAME Benjamin Wesley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. M. Wesley Couch, M.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem DATE 7/27 1937

19. UNDERTAKER Geo. Law Thayer, M.
(ADDRESS)

20. FILED 7-27 1937 George Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1937

22. HEREBY CERTIFY, That I attended deceased from July 4th 1937, to July 24th 1937.
He was alive on July 24th 1937. Death is said to have occurred on the date stated above, at 5:23 p.m.

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

Paralytic stroke with cerebral softening

Other contributory causes of importance: See 1

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 i

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Hull, M. D.
(Address) New Salem Oregon

Hull.

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.

