

DEC 20 1937

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

Do not use this space.

41628

1. PLACE OF DEATH

County JasperRegistration District No. 417

Township

Primary Registration District No. 3021City Webb City (No. 1529)

S; JEFFERSON

File No.

Registered No. 100

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1529 S. Jefferson Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MaleWhiteSingle5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSingle

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

November 18, 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.371124

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Fireman9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
Missouri

FATHER

13. NAME

Phaddeus Wiley14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
Missouri

MOTHER

15. MAIDEN NAME

Mary A. Lewis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Webb City
Missouri

17. INFORMANT

Sis. Mrs. Evelyn Gamble

(ADDRESS)

Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE De Soto, Mo. DATE Nov. 15, 1937

19. UNDERTAKER

(ADDRESS)

Wedge, Webb City, Mo.

20. FILED NOV. 13, 1937

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Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 19, 1937, to Nov 12, 1937I last saw him alive on Nov 12, 1937. Death is saidto have occurred on the date stated above, at 1:30 m.

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

Date of onset

Septic sore throat
following influenza

Other contributory causes of importance:

Had implosion of asthma as a
complication

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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?

If so, specify _____

(Signed)

P. M. Stovmont, M. D.

(Address)

Webb City, 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.

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