

DEC 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42136

File No. 388 340
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia

Registration District No. 665
Primary Registration District No. 3232

(No. Bothwell Block)

2. FULL NAME

(a) Residence, No. Hackett 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. 2 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1880
7. AGE YEARS 57 MONTHS 5 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalism
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.C. Journal Press
10. Date deceased last worked at this occupation (month and year) Dec 1937 11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Mo.

13. NAME Robert E. Wiley

14. BIRTHPLACE (CITY OR TOWN) Mechanicsburg (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Mary E. Trumbo

16. BIRTHPLACE (CITY OR TOWN) Proctor (STATE OR COUNTRY) Pa.

17. INFORMANT Miss M. Wiley (ADDRESS) 221 Pleasant St. H.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Nov 30 1937

19. UNDERTAKER W. C. Westbrook (ADDRESS) Houston

20. FILED 11-29-1937 Jeann Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-26 1937, to 11-28 1937

I last saw him alive on Nov 28 1937. Death is said

to have occurred on the date stated above, at 2:20 P. m.

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

Cerebral hemorrhage

Other contributory causes of importance:

Name of operation ✓ Date of Nov 28

What test confirmed diagnosis? ✓ 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) W. B. Bishop, M. D.

(Address) Sedalia Mo

