

REC'D APR 19 1938

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

Do not use this space.

10442

1. PLACE OF DEATH

County *Christian*

Registration District No. *185-*

File No.

Township *Bruner*

Primary Registration District No. *5251*

Registered No.

City

(No.

St.

Ward)

2. FULL NAME

*Charley Pete Ouley 400*

(a) Residence, No.

St.,

Ward.

(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

*Male*

4. COLOR OR RACE

*white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

*Sisley Ouley*

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

*April 21, 1875*

7. AGE

YEARS *62*

MONTHS *10*

DAYS *9*

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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)

*Greene County Mo*

13. NAME

*Pete Ouley*

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

*Engelands*

15. MAIDEN NAME

*Harriet Ann Rice*

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

*Mich*

17. INFORMANT (ADDRESS)

*Mrs. Sisley Ouley 93 Bruner, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE

*Union Chapel*

DATE *3/11/38*

19. UNDERTAKER (ADDRESS)

*Sparta, Mo.*

20. FILED

*4-6-38 Josephine Murritt Registrar 171*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 9th 1938*

22. I HEREBY CERTIFY That I attended deceased from *Feb. 2nd 1938 to March 9th 1938*

I last saw him alive on *Feb 8th 1938* Death is said to have occurred on the date stated above, at *3:15 p.m.*

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

*Chronic Myocarditis 3-1-37*

Date of onset

Other contributory causes of importance:

*Pneumonia 3-2-38*

Name of operation

Date of

What test confirmed diagnosis

*Phys ex* 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

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)

*H. J. Wise Sparta, Mo., M. D.*

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.

