

REC'D APR 19 1938

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

10584  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Dallas Registration District No. 244  
(b) Township Jasper Primary Registration District No. 5328  
(c) City Blair (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

William D. Puley 1100  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF Claudia Puley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 5 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
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) Harrison Co Mo13. NAME Brisco Puley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Brown15. MAIDEN NAME Antecrown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalmar17. INFORMANT (ADDRESS) Harvey Puley Blair Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 3-10-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. ...20. FILED 4-10-1938 Mrs. C. V. ... Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-38

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938 to March 9, 1938  
I last saw him alive on March 2, 1938 Death is said to have occurred on the date stated above, at 5 a. m.  
The principal cause of death and related causes of importance were as follows:

Cowman's thrombosis  
mitral stenosis  
chronic hypoxemia  
Other contributory causes of importance: 97.5

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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) C. O. ..., M. D.

(Address) Blair Mo.  
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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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**