

REC'D JUN 23 1938

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

Do not use this space.

19252

## 1. PLACE OF DEATH

County PolkRegistration District No. 700Township AldrichPrimary Registration District No. 4421City Aldrich (No. 1)File No. 8  
Registered No. 8 St. 400 Ward2. FULL NAME Alexander Baker Wiley(a) Residence, No. 400St. 400

Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Wiley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1874

## 7. AGE

YEARS 63MONTHS 8DAYS 25

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) Jan 1, 193811. Total time (years) spent in this occupation 1212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo

FATHER

13. NAME Michael Wiley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Elizabeth Harscott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT (ADDRESS) Leslie Wiley

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Ridge DATE May 25, 193819. UNDERTAKER (ADDRESS) Hutcheson Blue & O'Nealson Aldrich Mo20. FILED May 31, 1938 Verna Miller Registrar. 639

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 26 - 193822. I HEREBY CERTIFY, That I attended deceased from April - 27 - 1938 to May - 26 - 1938I last saw him alive on April - 27 - 1938 Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Cancer of RectumDate of onset RecentOther contributory causes of importance: 4 to 8'Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 19 38Where 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) W. E. Murrell M. D.(Address) Aldrich, 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.

