| BEC'D OCT I 8 1938 | | MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | Do not use this space. | |
|---|--|--|---------------------------------------|---|--|
| | Pettis | | rimary Registrati | ict No | Pile No. 278 Registered No. 66 |
| b. | Watson U. | | | LAT | |
| (a) Reside | | t Boonvill | | t.,Ward. (If no | nresident, give city or town and St eign birth? yrs. mos. |
| PERSON | AL AND STATIST | ICAL PARTIC | JLARS | MEDICAL CERT | IFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5 | | i. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | | 21. DATE OF DEATH (MONTH, DAY, AN | DYEAR) Sept.30/38 |
| Male White | | Marrie | <u> </u> | 2 I HEREBY CERT | FY, That I attended degen |
| 5A. IF MARRIED, WIDO HUSBAND OF (OR) WIFE OF | | *** | | 70-11-7 Jes | , was 30 |
| | ··· | | | I last saw h alive on | 7 2 9 193 F. Des |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 | | | The principal cause of death and rel | ated causes of importance were as | |
| 83 | 6 | | day,hrs. or | (buckens) | Hamula |
| 9. Industry or work was saw mill, 100 10. Date docu | ession, or particular ork done, as spinner, ookkeeper, etc | 11. Total tim | e (vezrs) | Other contributory causes of importa | ever Sta |
| 12. BIRTHPLACE (CI (STATE OR COUN | | ns ville I ll | | Hyperlan | |
| H 13. NAME JO | oseph Wiley | | | ' <u> </u> | Date of |
| 4 14. BIRTHPLACE (CITY OR TOWN) | | | | Name of operation | Was there an autopsy? |
| (SIRIE ON O | | | 23. If death was due to external caus | es (violence), fill in also the follow | |
| 15. MAIDEN NAME Nancy McDonald 16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) | | | Accident, suicide, or homicide? | cify city or town, county, and Stat | |
| 17. INFORMANT (ADDRESS) | Lon.V.Wil | .еу | | Specify whether injury occurred in Inc. Manner of injury | lustry, in home, or in public place. |
| | TION, OR REMOVAL | | 3.000 | Nature of injury | |
| PLACE CTOY | | DATE Oct. | | 24. Was disease or injury in any way | related to occupation of deceased? |
| 19. UNDERTAKER | Gillespie Fu | neral Home | } | If so, specify (Signed) | 4 |

