WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH
County Harrison — Registration District No. 338 — File No. 14947
Township — Primary Registration District No. 54201 — Registered No.
City Gilman City (No. ..... St. ..... Ward)

2. FULL NAME 440 Samuel Pliley

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Tillie Pliley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-1-1858

7. AGE: YEARS 80 — MONTHS 9 — DAYS 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co. Mo.

FATHER
13. NAME: John Pliley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

MOTHER
15. MAIDEN NAME: Sallie Wild
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

17. INFORMANT (ADDRESS): Tillie Pliley, Gilman City Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Gilman Cemetery 2-28 1939

19. UNDERTAKER (ADDRESS): S. M. Haas, Bethany Mo

20. FILED 3/13 1939 — S. O. Oliphant, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1939 to 2-26, 1939
I last saw him alive on 2-26, 1939. Death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 2-24-1939

Other contributory causes of importance: No

Name of operation: None — Date of
What test confirmed diagnosis? None — 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) ....., M. D.
306 (Address) J. A. Magrant

RECEIVED
District Health Officer No. 11
District File Number 35-517
Date Filed MAY 12 1939