

1939 JUL 11 1939

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

Do not use this space.

21591

1. PLACE OF DEATH
 County Cochran Registration District No. 85
 Township _____ Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital)
 620
 2. FULL NAME Willard Wrey
 (a) Residence, No. _____ St. _____ Ward. Cameron Mo.
 (Usual place of abode) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 4 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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 _____

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo.
 13. NAME Wesley Wrey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Mo.
 15. MAIDEN NAME Dolly Nelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Mo.

FATHER
 17. INFORMANT (ADDRESS) Laura E. Wrey (Sister)
Cameron, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cameron, Mo. DATE 6-20 1939

19. UNDERTAKER (ADDRESS) W. Moore
Cameron, Mo.
 20. FILED 6/20 1939 W. Moore
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-4 1939 to 6-20 1939
 I last saw him alive on 6-19 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset 6-11-39
12/1
 Other contributory causes of importance:
Ruptured appendix Appendectomy 6-5-39
Peritonitis
 Name of operation Appendectomy Date of 6-5-39
 What test confirmed diagnosis? Op. finding Was there an autopsy? no
clinical & laboratory
 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) W. M. [Signature] M. D.
 (Address) St. Joseph's Hospital
St. Joseph, Mo.

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.

This body will
be embalmed by
O A Moore Licensed
embalmer.

O A Moore
Licensed #1180