

JUL 15 1939

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

Do not use this space.

1. PLACE OF DEATH

38 County St. Louis
Township Atchafalaya
City (No. _____) _____ St. _____ Ward _____

Registration District No. 309

Primary Registration District No. 5427

File No. 22092
Registered No. 23

2. FULL NAME

470 Grand Louisa viles.
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or _____ min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Erin Viles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

15. MAIDEN NAME Doris Wilkerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Erin Viles (ADDRESS) Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton DATE June 26, 1939

19. UNDERTAKER Clifford Brooks (ADDRESS) Albany Mo.

20. FILED June 26, 1939 W. H. Hart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1939

22. I HEREBY CERTIFY That I attended deceased from June 25, 1939 to June 25, 1939, 19____
I last saw him alive on June 25, 1939. Death is said to have occurred on the date stated above, at 12 a. m.

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

Bronchial pneumonia
Both lungs.
Other contributory causes of importance: weakness and cold.

Name of operation _____ Date of _____
What test confirmed diagnosis? 1170 Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Dr. S. D. Harding, M.D.
(Address) Albany 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.

RECEIVED

District Health Officer No. 117

District File Number 739-791

Date Filed JUL 11 1939