

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27 - Blue

25774
Do not use this space.

AUG 14 1939

1. PLACE OF DEATH

St. Mary's Hospital
 (a) County Iron Registration District No. 391
 (b) Township Goodwin Primary Registration District No. 4230 Registered No. 43
 or London
 (c) City London (d) Street No. St. Mary's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Medley, Lloyd W.
 (a) Residence, No. Bunker, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Irma Medley</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 13, 1900</u>				
7. AGE	YEARS <u>21</u>	MONTHS <u>10</u>	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Saw mill</u>			
	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) <u>Dent Co. Mo.</u>				
FATHER	13. NAME <u>Henry C. Medley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bunker, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Effie Campbell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reynolds Co. Mo.</u>			
17. INFORMANT <u>Mrs. Ellie Medley</u> (ADDRESS) <u>Bunker, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bay Cemetery</u> DATE <u>July 13, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Marion White & Son</u> (ADDRESS) <u>Franklin, Missouri</u>				
20. FILED <u>July 26, 1939</u> <u>R.A. Rasch</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 12, 1939</u>
22. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at <u>9:30 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Fracture of skull</u> Date of onset <u>7/11/39</u>
Other contributory causes of importance: <u>MI</u>
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>July 12, 1939</u> Where did injury occur? <u>near Bunker, Mo.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>Hit by truck</u> Nature of injury <u>Fracture of skull</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify..... (Signed) <u>James H. Martin (Coroner)</u> , M. D. (Address) <u>Montona, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Samuel J. White

Licensed Embalmer No. *3012*

P. O. Address *Boston, Mass.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

1939

S-25774