

REC'D OCT 12 1939

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

31773
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 37
(b) Township Asht Primary Registration District No. 6241 Registered No. _____
(c) City Washburn P. 2 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

(a) Residence, No. William Earl Staley St. (If nonresident, give city or town and State)
Washburn Mo. R.R. 2 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Columbia Staley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1860
7. AGE YEARS 79 MONTHS 5 DAYS 8 If LESS than day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 35 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Nancy C. Staley
Washburn, Mo. R.R. 2
18. BURIAL, CREMATION, OR REPOUSE PLACE Washburn Home DATE Aug. 24, 1939
19. FUNERAL DIRECTOR (ADDRESS) Home - Cultures
Cassville, Mo.
20. FILED Oct 2, 1939 Chas. Edens
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1939, to Aug. 24, 1939
I last saw him/her alive on Aug. 24, 1939. Death is said to have occurred on the date stated above, at 11:50 A.M.
The principal cause of death and related causes of importance were as follows:
Uremia - Coma
181
Other contributory causes of importance:
Chronic Interstitial Nephritis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Chas. R. Brown M.D.
(Address) Seligman Mo

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

90M-77-20-37
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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, *R. E. Horner*, Licensed Embalmer No. *1414*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

No. or by *J. C. Canada* Registered Apprentice No. *225*
working under my personal supervision

Signed *R. E. Horner*
Licensed Embalmer No. *1414*

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.)