OCT 12 1939

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

32057
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 124
(b) Township Cape Primary Registration District No. 3009 Registered No. 307
(c) City Cape Girardeau (d) Street No. S.E. MO 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Oscar Medley
(a) Residence, No. 815 Bellevue, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Cora Prust Medley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-8-1859
7. AGE Years 79 Months 9 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Banker
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

FATHER
13. NAME Joseph F. Medley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loretta Ky

MOTHER
15. MAIDEN NAME Adah J. Penney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Missouri

17. INFORMANT Mrs Glenn Hafe
(ADDRESS) 815 Bellevue Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson Mo DATE 9/8 1939

19. FUNERAL DIRECTOR (NAME) McCombs Funeral Home
(ADDRESS) Jackson Mo

20. FILED 9-6 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1939, to 9-6 1939.
I last saw him alive on 9-6 1939. Death is said to have occurred on the date stated above, at 5 50 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchio	9-2-39

Other contributory causes of importance: 1074

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) Frank W. Hall, M. D.
(Address) Cape Girardeau

(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.

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

I X14028

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, Thos. K. Allen, or by _____,

Registered Apprentice No. _____, working under my personal supervision.

Signed Thos. K. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson, Mo.

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.