

Registration District No. 821 345 Primary Registration District No. 5801 45.53 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Matthews, Mo.
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Leonard Wiliford

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Reeder Wiliford 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 11 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Alabama (City, town, or county) (State or foreign country)

10. Usual occupation RailRoad Worker

11. Industry or business _____

12. Name William Jackson Wiliford

18. Birthplace Alabama (City, town, or county) (State or foreign country)

14. Maiden name Myron Whittley (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clyde Wiliford

(b) Address Matthews, Mo.

17. (a) _____ (b) Date thereof 5-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews, Mo.

18. (a) Signature of funeral director S. A. Simpson

(b) Address Sikeston, Mo.

19. (a) 6-6-40 (b) W. H. Russell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Matthews (If outside city or town limits, write "RURAL")

(d) Street No. Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1939 to May 26 1940 that I last saw him alive on May 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 18 mos
Due to Generalized Arterio Sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) JJW

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Howard M. Mendenhall (M. D. or other)

Address Sikeston Mo Date signed May 26 40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 2

District File Number 640-111

Date Filed 6/10/40

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 G. A. Dempster

Licensed Embalmer No. 2021

P. O. Address Sixeston 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19074

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 345

Primary Registration District No. 45-53

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Matthews
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 18 yrs years, months or days) _____

3. (a) PRINT FULL NAME Wm Leonard Wiliford

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Reeder Wiliford 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased apr 11 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 16 If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation Railroad Worker

11. Industry or business _____

12. Name Wm Jackson Wiliford

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Myron Whitley

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Clyde Wiliford

(b) Address Matthews mo

17. (a) _____ (b) Date thereof 5-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Matthews mo

18. (a) Signature of funeral director E. A. Dempster

(b) Address Director mo

19. (a) July 5 (b) Mildred Deane (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County New Madrid

(c) City or town Matthews (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

DEATH CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death cerebral Hemorrhage Duration _____

Due to Generalized Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Howard H. Rending (other) _____

Address Director mo Date signed _____

S-19074