

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

Do not use this space.

17072

1. PLACE OF DEATH

County Washington Registration District No. 885
Township Belgrade Primary Registration District No. 6185
City Belgrade No. 9 St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Sallie O'Wiley

(a) Residence. No. _____ S. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James Wiley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 6 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Belgrade
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Ramsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary J Eaton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

14. INFORMANT James Wiley
(Address) Belgrade

15. FILE Aug 15 1929 Miss Ella White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1929, to Apr. 25, 1929, that I last saw her alive on Apr. 17, 1929, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Emphysema
113

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

100

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) S. F. Thurman, M. D.

4-26, 1929 (Address) Boston, Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Caledonia Mo 4-27 1929

20. UNDERTAKER

Harman White T. Son Grouton

ADDRESS

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.

JUN 28 1929

233

31

