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

12149

PLACE OF DEATH

County Bates

Township Lone Oak

or

Village

or

City (NO. , St.; Ward)

Registration District No. 53

Primary Registration District No. 5083

File No. ~~12049~~

Registered No. 9

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Orville Medley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male.

COLOR OR RACE White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH July (Month) 29 (Day) 1897 (Year)

AGE 5 yrs. 9 mos. — ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work School Boy.

(b) General nature of industry, business, or establishment in which employed (or employer) Goes to School

BIRTHPLACE (City or town, State or foreign country) New Home Twp

PARENTS

NAME OF FATHER Fred Medley.

BIRTHPLACE OF FATHER (City or town, State or foreign country) New Home Twp

MAIDEN NAME OF MOTHER Frances Corkle.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont Know.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) X Richard Medley

(ADDRESS) Butler Mo

Filed April 30, 1913. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 29 (Month) (Day) 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 23, 1913, to Apr. 28, 1913, that I last saw him alive on above date, 191__, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Poisoning from herbs

Perhaps Ivy or Bulbrye

(Duration) yrs. 6 mos. 1 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

April 29, 1913 (Address) Butler Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Morris

DATE OF BURIAL April 30, 1913

UNDERTAKER [signature] Culver Fun Co

ADDRESS Butler Mo

(Address)

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL 191

ADDRESS

PLACE OF DEATH

County _____

Township _____
or
Village _____
or
City _____ (NO. _____, _____ St.: _____ Ward)

MISSOURI STATE BOARD OF H
BUREAU OF VITAL STATISTIC
CERTIFICATE OF DEATH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH _____, *1* _____
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds. | If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191____, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____
(Month) (Day

I HEREBY CERTIFY, that I attended dec
_____, 191____, to _____
that I last saw h_____ alive on _____
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____ (Duration) _____ yrs. _____ mos

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos

(Signed) _____

_____, 191____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mo

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BU
UNDERTAKER	ADDRESS

[If death
hospital
give its
of street a

neoplasms); *Measles*
r heart disease; Chroni
contributory (secondar
not be stated unless im
disease causing death)
condary), *10 ds.* Neve
inal conditions, such a
ymptomatic), "Atrophy,
ons," "Debility" ("Con
," "Exhaustion," "Hear
tion," "Marasmus," "Old
Veakness," etc., when a
ed as the cause. Always
rom childbirth or mis
chaemia," "PUERPERA
which surgical operation
DEATHS state MEANS O
RAL, SUICIDAL, OR HOMI
impossible to determine
al drowning; Struck b
wound of head—homicide
bly suicide. The nature
, and consequences (e. g.
nder the head of "Con
on statement of cause o
on Nomenclature of the