

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

Do not use this space.

35876  
11

**1. PLACE OF DEATH**

County Madras  
Township Rush Hill  
City Rush Hill (No. ....) (St. .... Ward)

Registration District No. 27  
Primary Registration District No. 4631

File No. 11  
Registered No. 17

**2. FULL NAME**

(a) Residence. No. .... St., ....  
(Usual place of abode)  
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.

Wiley Weldon Canterbury  
St Louis, mo

**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 Attie C Canterbury

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 9 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Painter  
(b) General nature of industry, business, or establishment in which employed (or employer) Don't know  
(c) Name of employer Don't know

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madras Co Mo

10. NAME OF FATHER Bert Canterbury

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madras Co Mo

12. MAIDEN NAME OF MOTHER Altha Talley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Ms Attie C Canterbury  
(Address) Rush Hill Mo

15. FILED 12-29-27 A E Conitt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 27, 1927 that I last saw him alive on Dec 27, 1927 and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis

CONTRIBUTORY (SECONDARY) ✓  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St Louis, mo  
IF NOT AT PLACE OF DEATH

(DID AN OPERATION PRECEDE DEATH) no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

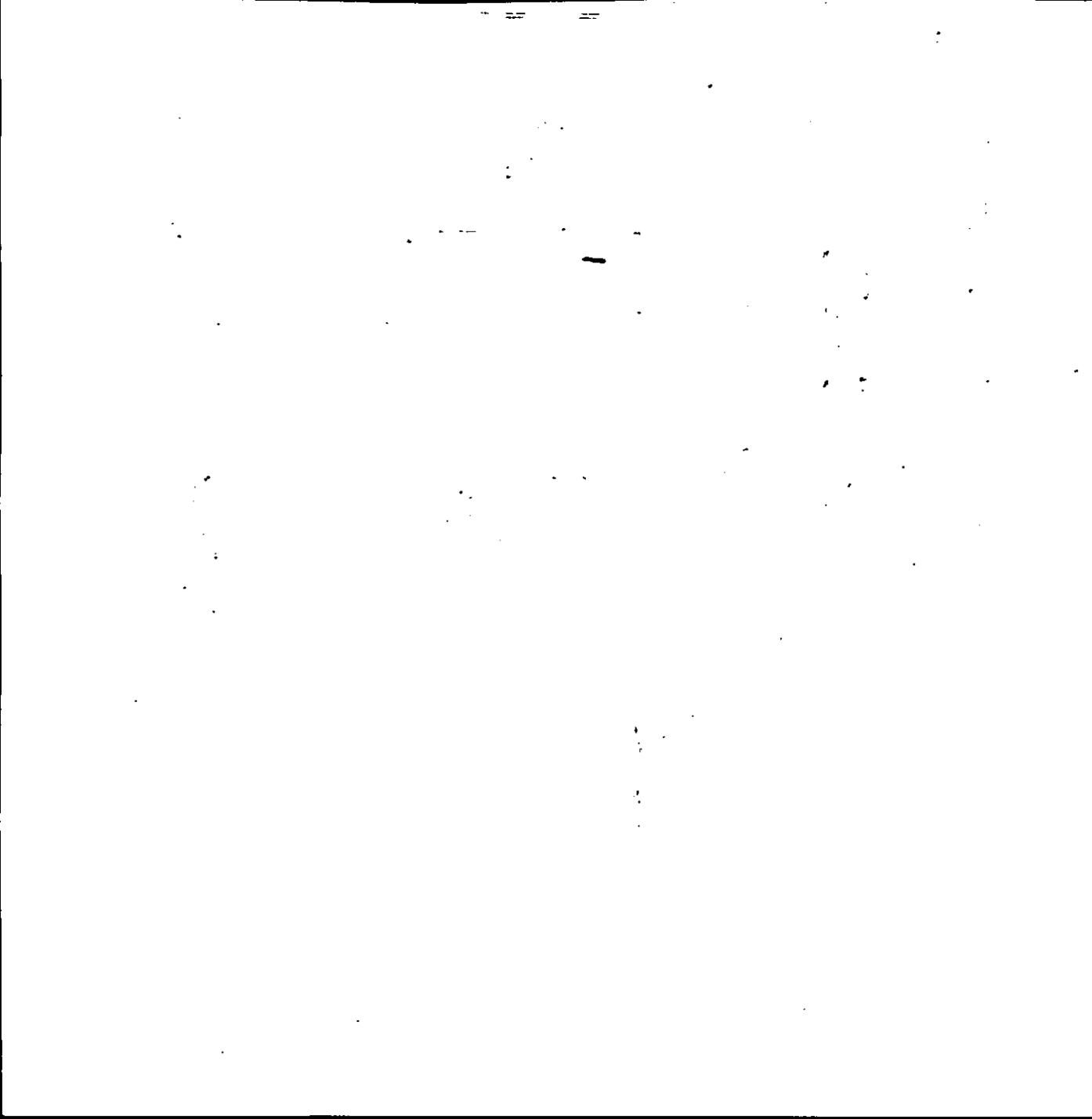
(Signed) A E Conitt, M. D.

, 19 (Address) Rush Hill Mo

\*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 Madras Mo DATE OF BURIAL Dec 28 1927

20. UNDERTAKER A E Conitt ADDRESS Madras Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Audrain Registration District No. 27 File No. 11  
 Township          Primary Registration District No. 4635- Registered No. 10  
 City Rush Hill (No.         ) St.          Ward         

**2. FULL NAME Wiley Weldon Canterbury**

(a) Residence No.          St.          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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,          hrs. or          min.

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER         

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)         

12. MAIDEN NAME OF MOTHER         

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)         

14. INFORMANT (Address)         

15. Sept 27 REGISTRAR         

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 19 27

17. I HEREBY CERTIFY That I attended deceased from         , 1927, that I last saw h.          alive on         , 1927, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tuberculosis Lungs

CONTRIBUTORY (SECONDARY) (duration)          yrs.          mos.          ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH? DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?         

(Signed)         , M. D. , 19 27 (Address)         

\*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

19

20. UNDERTAKER ADDRESS

PARENTS

SUPPLEMENTARY 27

5-35876