CT 30 1928

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

Do not use this space. 31173

1. PLACE OF DEATH
County: New Madrid
Township: Gideon
City: Gideon (No. ..... St. ..... Ward)
Registration District No. 55
Primary Registration District No. 4033
File No. 7
Registered No. 784

2. FULL NAME: John Henry Wiley

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Mollie Wiley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 2-1875

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	5	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Saline County
(STATE OR COUNTRY): Ills

PARENTS

10. NAME OF FATHER: Wyatt Wiley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont
(STATE OR COUNTRY): Know
12. MAIDEN NAME OF MOTHER: Easter Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dont
(STATE OR COUNTRY): Know

14. INFORMANT: .....
(Address): .....

15. FILED Oct 10, 1928. M. V. Mumma
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Sept 23, 1928, that I last saw him alive on Sept 23, 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93C
(duration) 2 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. S. Cochran, M. D.
9/24, 1928 (Address) Gideon, 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: Mt. Gilead
DATE OF BURIAL: Sept 27 1928

20. UNDERTAKER: W. L. Craig
ADDRESS: Malden Mo

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.