

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

Do not use this space.

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File No. _____
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH
 County Boone Registration District No. 72
 Township Columbia Primary Registration District No. 3006
3rd East Columbia (No. _____)

2. FULL NAME Wiley Daly
 (a) Residence No. 3 miles East Columbia (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 1929
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
— 10 — — —

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

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

10. NAME OF FATHER Ben Daly
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co Mo. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Albert
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co Mo. (STATE OR COUNTRY)

14. INFORMANT Ben Daly (Address) Columbia Mo.

15. FILES 3 20 29 Beatrice Grubbs REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1929
 17. I HEREBY CERTIFY That I attended deceased from March 13 1929 to May 29 1929 that I last saw him alive on May 19 1929 and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Bronchial Pneumonia
11A (duration) yrs. mos. 7 ds.
107A 11B

CONTRIBUTORY (SECONDARY) Dyspnea (duration) yrs. mos. 10 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) Stephen D Hunt, M.D.
 , 19 (Address) Columbia

*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 Columbia Cemetery DATE OF BURIAL May 20 1929

20. UNDERTAKER W H Vandeventer ADDRESS Columbia

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.

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PARENTS

