

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

Do not use this space.

34633

1. PLACE OF DEATH

County Bennington
Township Bennington
City State (No.)

Registration District No. 651
Primary Registration District No. 3863

File No.
Registered No. 148
St. Ward)

2. FULL NAME

William R. Carley

(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. 1 mos.
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)

married

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

Missie Carley

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

Jan 14-1849

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>9</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(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)

Washington Tenn

10. NAME OF FATHER

Issac Carley

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

Clark Tenn

12. MAIDEN NAME OF MOTHER

Missie Martin

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

Halls Tenn

14.

INFORMANT W. R. Carley
(Address) Steele and R-1

15.

FILED Nov. 9, 1929 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 26 1929

17. I HEREBY CERTIFY That I attended deceased from 26 Oct 1929 to 26 1929
that I last saw alive on Oct 26 1929, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Indigestion and
debility
16 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1120 (duration) 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. R. Marshall, M. D.
, 1929 (Address) Steele, 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

Ayersburg, Tenn.

DATE OF BURIAL

10-28-1929

20. UNDERTAKER

Human and Co

ADDRESS

Steele

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD---PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PARENTS

