

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

Do not use this space.

9629

**1. PLACE OF DEATH**

County Wabash  
Township Waller  
City near Farmer (No. ....)

Registration District No. 530  
Primary Registration District No. 3707

File No. ....  
Registered No. ....  
St. .... Ward)

**FULL NAME**

Robert Wakley

(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 54 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**(3) MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 10 - 1840</u>		
7. AGE <u>93</u> YEARS	MONTHS <u>11</u>	DAYS <u>10</u>
		If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Garment Maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1934</u>	11. Total time (years) spent in this occupation <u>✓</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 29 - 1934  
22. I HEREBY CERTIFY, That I attended deceased from March 1933, to March 1934  
I last saw him alive on Jan 1934 Death is said to have occurred on the date stated above, at 1:00 a.m.  
The principal cause of death and related causes of importance were as follows:

carcinoma of ear & neck.  
50  
55  
50  
1933  
Other contributory causes of importance: old age

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
FATHER	15. MAIDEN NAME <u>Mary Faines</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S.</u>

Name of operation none Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury ....., 1934  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) <u>.....</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial</u> DATE <u>3-30</u> , 19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>J. M. Davitt</u>
20. FILED <u>April 7, 1934</u> <u>Mrs Lloyd Baker</u> Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) D. W. Gooch, M. D.  
(Address) .....

STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1934

2  
1  
2

1933

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

9629

1. PLACE OF DEATH  
 County Macon Registration District No. 530  
 Township Walnut Primary Registration District No. 5707  
 City..... (No..... St..... Ward.....)

2. FULL NAME Robert Trakely

(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.

File No.....  
 Registered No.....

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the..... m. above, at..... m.

The principal cause of death, and related causes of importance were as follows:  
Carcinoma of ear and neck 1932  
Secondary of Ear & Extended  
Popliteal Cyst neck Ear was  
 Date of onset 1934

Other contributory causes of importance:  
Old age

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS) St. M. Davitt

20. FILED Apr 7, 1934 Mrs Lloyd Baker Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) N. H. Goveh, M. D.  
 (Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

5-9629