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.

JUN 22 1936

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

Do not use this space.

19888

1. PLACE OF DEATH
County Lafayette — Registration District No. 457 — File No.
Township ~~Freedom~~ — Primary Registration District No. 4971 — Registered No. 11
City Concordia (No. , St. Ward)

2. FULL NAME Ervin Viles Jr.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-21-1936
7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, 9 hrs. or min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co Missouri

FATHER
13. NAME: Ervin Viles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Mo.

MOTHER
15. MAIDEN NAME: Doris Gilbany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albany Mo.

17. INFORMANT (ADDRESS): Ervin Viles Concordia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE M. E. Cemetery DATE May-22, 1936
19. UNDERTAKER (ADDRESS): H. F. Duensing Concordia Mo
20. FILED May 22 1936 Ferdinand Shryman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May-21, 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Delivery	
159	

Other contributory causes of importance:

Name of operation 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 , 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? No
If so, specify
(Signed) E. L. Johnston, M. D.
(Address) Concordia