

JAN 29 1937

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

Do not use this space.

44159

1. PLACE OF DEATH  
 County Chicot Registration District No. 204  
 Township Stacy Primary Registration District No. 3613  
 City Cameron (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas Lee Wiley  
 (a) Residence, No. West 4th 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Ruth Wiley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18, 1863</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>21</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>Farmer</u>	
	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) <u>Sullivan Ill</u>		
MOTHER	13. NAME <u>Thos Wiley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Margaret Cruikshank</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Miss Martin O'Neal</u> (ADDRESS) <u>Cameron Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Descland Mo</u> DATE <u>Dec 11 1936</u>		
19. UNDERTAKER <u>Chas Moore</u> (ADDRESS) <u>Cameron Mo</u>		
20. FILED <u>12/17</u> 19 <u>36</u> <u>D. L. Wiley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1936 to Dec 9 1936  
 I last saw him alive on Dec 9 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of skull & hemorrhage due to fractured leg  
 Date of onset Dec 9 1936

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury Dec 9 1936  
 Where did injury occur? Cameron station Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. NO  
 Nature of injury fracture of skull & hemorrhage due to fractured leg  
 Manner of injury falling from train

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) A. O. Killian M. D.  
 (Address) Cameron Mo

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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Clinton Registration District No. 204 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3013 Registered No. 47  
 City Cameron (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Thomas Lee 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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.
	<u>173</u>	<u>1</u>	<u>21</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spliner, 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) \_\_\_\_\_

FATHER  
 13. NAME \_\_\_\_\_

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

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 7/24 1937 Dr. C. Wiley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 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 \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Fracture of skull + hemorrhage due to punctured lung  
Brain + Car Collision

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (injury), 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) A. O. Gilliland, M. D.  
 (Address) Cameron Mo

**SUPPLEMENT**

S-44159