

REC'D MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH

34 County Polk Registration District No. 708
Township N. McKinley Primary Registration District No. 5937a
City (No. _____) St. _____ Ward _____

File No. 15594Registered No. 8

2. FULL NAME

William T. Tiley St. _____ Ward _____
(a) Residence, No. _____ (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Tiley married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 68 11 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Bolivar, Mo.FATHER
13. NAME Ben Tiley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.MOTHER
15. MAIDEN NAME Sarah Burnes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Sarah Tiley (ADDRESS) Polk Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Payne DATE March 13, 193819. UNDERTAKER Mitchison - Blue (ADDRESS) Polk Mo.20. FILED 3/14 1938 Mal Zimmwalk Registrar. No. 316

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 193822. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to March 12, 1938I last saw him alive on March 12, 1938. Death is saidto have occurred on the date stated above, at 7 A.M.

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

Myocarditis.

Date of onset

Other contributory causes of importance:

Progressive Muscular Atrophy.

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? _____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? _____

If so, specify _____

(Signed) W. J. Gumbert, D.O. A. M. D.(Address) Bolivar, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

