REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 18852

Township Miller — Primary Registration District No. 5739 — Registered No. 135

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William R Tuley 405

(a) Residence, No. Marion Co Mo 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Tuley Whaley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13 - 1879

7. AGE: YEARS 59 — MONTHS 3 — DAYS 24 — If LESS than 1 day, ✓ hrs. or ✓ min.

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): Marion Co. Missouri

FATHER

13. NAME: William Thornton Tuley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co. Missouri

MOTHER

15. MAIDEN NAME: Laura Bell Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co. Missouri

17. INFORMANT (ADDRESS): W. L. Tuley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Palmyra Mo. DATE May - 9, 1938

19. UNDERTAKER (ADDRESS): E. T. Sprague Palmyra Mo.

20. FILED May 10, 1938 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May - 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to May 6, 1938

I last saw him alive on May 6, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

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

Date of onset

Heart Cold

General Fair Condition

Other contributory causes of importance: Pneumonia

Effusion

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

What test confirmed diagnosis? ..... 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) L. F. Rosell, M. D.

(Address) Palmyra Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.