

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

Do not use this space.

REC'D JUN 22 1939

## 1. PLACE OF DEATH

County PikeTownship CarrollCity Bowling Green (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)Registration District No. 684Primary Registration District No. 4408File No. 19496Registered No. 152. FULL NAME 240 George Wesley

(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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

Doris Turner Wesley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr 25 1898

7. AGE

YEARS  
41MONTHS  
ADAYS  
6

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

1

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

Pike Prairie, Missouri

FATHER

13. NAME

George Wesley

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

Dunk, Ky

MOTHER

15. MAIDEN NAME

Don't Know

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

Don't Know

17. INFORMANT (ADDRESS)

Mrs. Geo. Wesley

18. BURIAL, CREMATION, OR REMOVAL

Bowling Green Cemetery 5-4-39

19. UNDERTAKER (ADDRESS)

Grace Benschel, Bowling Green, Mo.

20. FILED

6-1-39

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## MEDICAL CERTIFICATE OF DEATH

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

May 1, 1939

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 date stated above, at \_\_\_\_\_ m.

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

suicide by shooting himself with a single barrel shot gun

Date of onset

Other contributory causes of importance:

167

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) Partes T. Young, Coroner(Address) Bowling Green, Mo.

Registrar

RECEIVED

District Health Officer No. 10

District File Number 10-39-1040

Date Filed JUN 7 1939