1928

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

Do not use this space.

32460

1. PLACE OF DEATH
County. Shannon — Registration District No. 823
Township. Pake creek — Primary Registration District No. 6075
City..... (No..... St. ..... Ward)

File No.....
Registered No.....

2. FULL NAME Thomas Marion Medley

(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*): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Mallessia Jane Medley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9 1864

7. AGE: Years 63 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Dan Medley
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mathew Medley
(Address) Lawrence Mo

15. FILED Sep 14, 1928 Mabel Roeles
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928, to Sept 17 1928, that I last saw h. alive on 12, 1928, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enlargement of Prostate Gland 1 yr
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) cystitis chronic
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) S. J. Schrowcroft, M. D
Sept 15, 1928 (Address) Neosho Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lawrence Cemetery — DATE OF BURIAL Sept 18 1928

20. UNDERTAKER None — ADDRESS

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.

WRITE PLAINLY, WITH INKING THIS IS A PERMANENT RECORD