

JAN 24 1938

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

46471
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
(b) Township Orrick Primary Registration District No. 4445 Registered No. 107
(c) City Orrick (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur B. Remley

(a) Residence, No. Orrick, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mattie Williams Remley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1856
7. AGE YEARS 81 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

FATHER 13. NAME Adam Remley

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

MOTHER 15. MAIDEN NAME Pulaski Noblett

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

17. INFORMANT Vernon Remley (ADDRESS) Orrick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point DATE 12-15 1937

19. FUNERAL DIRECTOR Tibson Funeral Home (ADDRESS) Orrick, Mo.

20. FILED 1/10 1938 A. J. D. D. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1937, to Dec 13, 1937

I last saw him alive on Dec 13, 1937. Death is said to have occurred on the date stated above, at 7:30 P.m.

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

Cerebral Concussion -

Fell from 3rd or 4th step of basement stairs, struck back of head on cement floor, fracture of bone certain - see post-mortem

Name of operation _____ Date of _____
What test confirmed diagnosis? 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 12-12-1937
Where did injury occur? Basement - Orrick, Ray Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fell from steps struck head
Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Robt. Sheets M. D.
(Address) Orrick, Mo.

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.

X1200A

STATEMENT BY LICENSED EMBALMER

I, C. V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by C. V. Gibson

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)