

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH

County Buchanan

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St Joseph (NO. 121 Michigan Ave St.; \_\_\_\_\_ Ward)

Registration District No. 85

File No. 29798

Primary Registration District No. 1001

Registered No. 853

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME William James Miles  
James L. Miles - correct name

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>
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DATE OF BIRTH November 16, 1817  
(Month) (Day) (Year)

AGE 92 yrs. 10 mos. 24 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE  
(City or town, State or foreign country) N.Y.

PARENTS	NAME OF FATHER <u>John G. Miles</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>N.Y.</u>
	MAIDEN NAME OF MOTHER <u>Ann Brown</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Massachusetts</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) May Harper  
(ADDRESS) 121 Michigan Ave

Filed Oct 16 1910 J. B. Kelling  
Leonard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 7, 1910, to Oct. 10, 1910, that I last saw him alive on Oct. 10, 1910, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows:  
Uremic Poisoning, 99  
congestion of kidneys  
13510

123E (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 3 ds.

84 Contributory Senility  
(SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) F. S. Warrick M. D.  
at 10, 1910 (Address) St. Joe City

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence Kentucky

PLACE OF BURIAL OR REMOVAL mt Mora DATE OF BURIAL Oct 12, 1910

UNDERTAKER Rock & Clark ADDRESS 50 25 King Hill

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



SEVENTH STREET OFFICE OF

Rock & Clark

Undertakers and Embalmers  
with Lady Attendant

St. Joseph, Mo., Dec. 20, 1910

The Missouri State Board of Health  
Bureau of Vital Statistics-

This is to certify that May Harper  
personally appeared before me this  
day and under oath affirmed  
that a mistake occurred in the  
filling in of the certificate of  
death of James G. Miles so that  
said certificate read William J.  
Miles and that she desires to  
correct the error in said certifi-  
cate so that the name will read  
James G. Miles which to her best  
knowledge and belief is his true  
name.

Subscribed and sworn to before me this 20th day  
December, 1910.

Lloyd E. Thompson  
Notary Public

my commission expires 4-20/1911

1000

1000

29798

State of Missouri, )  
                          ) ss  
County of Buchanan )

May Harper of legal age, being duly sworn on her oath, says that the accompanying statement which has been signed by her, is true to the best of her knowledge and belief.

May Harper.

Subscribed and sworn to before me this 20 day of December, 1910.

My commission expires April 20th., 1911. Edw. E. Sawyer  
Notary Public.

