

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

Do not use this space.

11883

1. PLACE OF DEATH

County Schuyler
Township Chadron
City Chadron (No. _____)

Registration District No. 807
Primary Registration District No. 6052

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Sarah L. Biles

(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 Female 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

Frank Biles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 18 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER James Lucas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
(STATE OR COUNTRY)

14. INFORMANT Frank Biles
(Address) Coatsville Mo

15. FILED 3-26-28 Clarence REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2-28 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-2-28 to 2-3-28, 1928, that I last saw him alive on 3-1-28, 1928 and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

sudden dilatation of heart
95B 105
112 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) to an aneurysm of aortic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) P. V. Hunt, M. D.
, 19 (Address) Coatsville 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

DATE OF BURIAL March 11 1928
ADDRESS Lancaster Mo

20. UNDERTAKER

Pleasant Grove Cemetery
John A. Roberts

