

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.

NOV 2 1928

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

Do not use this space.

22781-a

1. PLACE OF DEATH

County Laney Registration District No. 861 File No. _____
 Township Swan Primary Registration District No. 6132 Registered No. 14
 City _____ St. _____ Ward _____

2. FULL NAME

Full Name Elijah Miles St. _____ Ward _____
 (a) Residence No. _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 58 yrs. 58 mos. 58 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ketty Miles
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7 - Oct 1868
7. AGE YEARS 65 MONTHS 8 DAYS - 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)

(STATE OR COUNTRY) Washington Co Va.

10. NAME OF FATHER

William Miles

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

Froyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Va.

14.

INFORMANT Manuel Miles
(Address) Swan mo

15.

FILED 8-20-28 J. V. Baldwin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th 1928

17. I HEREBY CERTIFY That I attended deceased from 6-5 to 6-7 1928
 that I last saw him alive on 6-7 1928, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Labor Pneumonia
double
108

CONTRIBUTORY (SECONDARY)

10/0 (duration) yrs. mos. 7 da.
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

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

20. WAS THERE AN AUTOPSY? no.

21. WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex

(Signed) M. J. Rice, M. D.

6/12, 1928 (Address)

*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

Swan mo 6-9 1928

20. UNDERTAKER

ADDRESS

none

11/11/11

11/11/11

11/11/11

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