

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

Do not use this space.

35307

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City, *St. Louis, Mo.* (No. *3062*) *Thomas St.* St. Ward)

File No. *10294*
 Registered No.
 St. Ward)

2. FULL NAME

Frankie Miles
 (a) Residence. No. *3062 Thomas* St., *W* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Cald* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *— — —*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 4 1904*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *24 11*
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Housework*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10-15-28* 19
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at *12:17 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Star wound of chest
knife
 (duration) yrs. mos. ds.
 CONTRIBUTORY *Struck*
 (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cary Miss*
 10. NAME OF FATHER *Blanton Miles*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Cary Miss*
 12. MAIDEN NAME OF MOTHER *Julia Williams*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Cary Miss*

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....
 8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed) *Wm. Davis* M.D.
 10/16/28 (Address) *Dep. Coroner*

14. INFORMANT *Anthony Granberry*
 (Address) *3062 Thomas St.*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Greenwood* DATE OF BURIAL *Oct 21st 28.*

15. FILED *20* 19*28* *Max B. Staroboff* REGISTRAR

20. UNDERTAKER *A.L. Beal* ADDRESS *2726 Luan*

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.

