

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

Do not use this space.

8682

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 5203)

.....

File No.

Registered No. 2055

St.

Ward)

2. FULL NAME Myota Amelia Niles

(a) Residence. No.

St. 15

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Frank N.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 13, 1872

7. AGE

YEARS 56

MONTHS 9

DAYS 17

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(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)

Long Family, Kansas

10. NAME OF FATHER

Charles H. Barth

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Mellie Colman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT (Address)

Frank N. Niles
5203 Perry

15.

FILED

21 1929
Mar C. Starker

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 20 1929

17.

HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Feb 20, 1929, that I last saw her alive on Feb 19, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
1.31

9:30

(duration) Don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic interstitial nephritis
Don't know

(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?

(Signed) W. B. Smith, M. D.

2/20, 1929 (Address) 6006 Virginia

*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

Stark Lawn

7/20 1929

20. UNDERTAKER

ADDRESS

Chapparral U.S.

7814 So. Perry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

2
2
2
2

