

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

Do not use this space.

40821

1. PLACE OF DEATH

County Kansas City Registration District No. 322 File No. 5228
 Township Kaw Primary Registration District No. 4218 Registered No. 5228
 City Kansas City (No. 4218) Montgall Ave St. _____ Ward _____

2. FULL NAME

Wynne Jean Miles
 (a) Residence No. 4218 Montgall Ave. 16. Ward. (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6, 1924
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 1 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Belleville
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER William C. Miles
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belleville
 (STATE OR COUNTRY) Kansas
 12. MAIDEN NAME OF MOTHER Wynne Wilkins
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Don't know

14. INFORMANT William C. Miles
 (Address) Belleville, Kansas

15. FILED 12/19, 1929 M. M. Grove REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1929
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1929, to Dec. 19 1929, that I last saw h.e.r. alive on Dec. 19 1929, and that death occurred, on the date stated above, at 1:58 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngeal Diphtheria

10 _____ (duration) _____ yrs. _____ mos. 4 ds.
 CONTRIBUTORY (SECONDARY) 10 _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at home

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-18-29
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical observation
 (Signed) Charles J. Eldridge M. D.
Dec 19, 1929 (Address) 771 Lathrop Bldg.

*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 Memorial Park DATE OF BURIAL 12/20 1929

20. UNDERTAKER Greeman Mortuary ADDRESS 104 West 42nd St. K. C. Mo

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.

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