

FEB 20 1930

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

Do not use this space.

2325

1. PLACE OF DEATH

County... Randolph
Township... Moniteau
City... Higbee (No.)

Registration District No. 732
Primary Registration District No. 4437

File No.
Registered No. 1 St. Ward

2. FULL NAME Thomas Giles

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Giles</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 24th 1854</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>7</u>	DAYS <u>1</u>
IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Minor</u> (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) <u>England</u>		
10. NAME OF FATHER <u>John Giles</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
12. MAIDEN NAME OF MOTHER <u>Dont Know</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 th 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1929, to Jan 25, 1930 that I last saw him alive on Jan 23, 1930, and that death occurred, on the date stated above, at 1245 A M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease
92A (Neutral)
57A

(duration) 7 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arthritis - +
Asphy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
90 W DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? C. F. Beltinger -
(Signed) C. F. Beltinger, M. D.
Jan 27, 1930 (Address) Higbee 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
City Cometary, Higbee, Mo. Jan 27 19 30
20. UNDERTAKER ADDRESS
L. S. Felan & Higbee Mo

14. INFORMANT Mary Giles
(Address) Higbee Mo
15. FILED 1-27-30 C. F. Beltinger REGISTRAR

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD

