

DEC 22 1930

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

Do not use this space.

J. Trappe
File No. 36747

1. PLACE OF DEATH

County Macon
Township Chariton
City..... (No..... St..... Ward)

Registration District No. 529
Primary Registration District No. 5705

Registered No.....
St..... Ward)

2. FULL NAME H. B. Miles

(a) Residence. No..... St..... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 3

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) Macon Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Rufus Miles

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bettie Powell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Bettie Powell
(Address) RR Macon Mo

15. FILED 12-8, 1930 J. L. Trappe M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1930 to Nov 24, 1930 that I last saw him alive on 4 P.M. Nov 23, 1930, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Nephritis and Uremic Poison

131
1520
was at his Home all the time (duration) about 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) about 3 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General Examination
(Signed) J. L. Trappe, M. D.

11/24, 1930 (Address) College mound Mo.

*State the DISEASE CAUSING DEATH, or 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 Union Cemetery DATE OF BURIAL Nov 25 1930

20. UNDERTAKER Colbert Skinner ADDRESS MACON

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.

