

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

Do not use this space.

293

1. PLACE OF DEATH
 12 County Buflor Co Registration District No. 89 File No. _____
 Township Poplar Bluff Primary Registration District No. 5131 Registered No. 7
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Pete Miles
 (a) Residence No. _____ St. _____ Ward County Home
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 5 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ 1877

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Est 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 Est.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborm
 (b) General nature of industry, business, or establishment in which employed (or employer) 237
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) unknown 31
 (STATE OR COUNTRY)

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT J. O. Burrow
 (Address) Poplar Bluff Mo A # 2

15. FILED Jan 4 1932 B. J. Clinch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 7 1932 that I last saw him alive on Jan 7 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac asthma
95B
106D
 (duration) 4 mos. ds.
 CONTRIBUTORY Bronchitis
 (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 95B
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. O. Barnett M. D.
 _____, 19 _____ (Address) Poplar Bluff 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 County Farm DATE OF BURIAL Jan 5 1932

20. UNDERTAKER R. W. Green ADDRESS P. B. 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.

MSB 23 1932

