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

Do not use this space.

5011

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 879
Township Kan — Primary Registration District No. — Registered No.
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Miles Benjamin F.
(a) Residence, No. Arcadia Hotel St., ? Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12-1867

7. AGE: YEARS 64 — MONTHS 11 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hotel clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 233
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

FATHER
13. NAME B. R. Miles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER
15. MAIDEN NAME Gilbert Rosie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Record Clerk Kansas City General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 3-2 1932

19. UNDERTAKER (ADDRESS) Lapetina

20. FILED 3/2 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-10- 1932, to 2-14- 1932
I last saw him alive on 2-14- 1932 Death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:

Bulbar Palsy — Date of onset

81A

81

Other contributory causes of importance: 1

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P E Williams M. D.
(Address) Gen Hosp KC Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.