

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

Do not use this space.

6245

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701
1003

Primary Registration District No. ~~1003~~

File No.

Registered No. 1275

St. Ward)

2. FULL NAME *Pearl James Hiles*

(a) Residence, No. *800 Morgan*

St. *25* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 14 - 1874*

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min. *57 8 23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cutter 58*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Northwestern mail*

10. Date deceased last worked at this occupation (month and year) *Dec 10* 11. Total time (years) spent in this occupation. *20*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shelbyville Mo*

13. NAME *Alonge Hiles*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky 2*

15. MAIDEN NAME *Nettie Ritter*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT *Joe Sullivan* (ADDRESS) *825 Can St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *SHELBYVILLE MO* DATE *FEB 8 1932*

19. UNDERTAKER *Bensick - Niglaus* (ADDRESS) *1138 N 6th St*

20. FILED *FEB - 8 1932* *May C. Vanden* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 6 1932*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *6:30* a.m.

The principal cause of death and related causes of importance were as follows:

Gas poisoning
which accidental and
intentional could not be
ascertained

Other contributory causes of importance:

198 1932

Name of operation *none* Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *gunshot* Date of injury *7 16 32*

Where did injury occur? *Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no injury*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Joe Sullivan*

(Address) *825 Can St*

(Signature) *2/8/32 J. J. ...*

(Address) *...*

(Signature) *...*

(Address) *...*

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.

