

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

Do not use this space.

42905

1. PLACE OF DEATH

County Monroe
Township James
City Reeds Spring (No.)

Registration District No. 845
Primary Registration District No. 6109

File No.
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. Reeds Spring M. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emily Biles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>mch / 1875</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>9</u>
		DAYS
		<u>13</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>1</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forsythe Mo.

13. NAME Thos. R. Biles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Carolyn Ross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT (ADDRESS) John Biles
Reeds Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds Spring Mo. DATE Dec 16 1932

19. UNDERTAKER (ADDRESS) Miss Hattie Stultz
Reeds Spring Mo.

20. FILED 11/5/ 1932 L. S. Shumate Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1932 to Dec 14 1932

I last saw him alive on Nov 5 1932. Death is said to have occurred on the date stated above, at 9 A.M.

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

Hypertrophy with Valvular Disease of Heart, with Arterio Sclerosis.

Other contributory causes of importance: 9-14
9-14
9-14

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? 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? No

If so, specify

(Signed) J. H. Made M. D.

(Address) Ozark Mo.

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.

