

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003 File No.
City..... (No. City Hospital No 1) Registered No. 1900 St. Ward)

2. FULL NAME Arlene Miles
(a) Residence, No. 1967 McLaughland St., 4 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? . yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>		4. COLOR OR RACE <u>w.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marlowe P. Miles</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1917</u>					
7. AGE YEARS <u>15</u>		MONTHS <u>11</u>		DAYS <u>17</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Mo.</u>					
13. NAME <u>Carl Adams</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kearia, Mo.</u>					
15. MAIDEN NAME <u>Ira Stoops</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kearia, Mo.</u>					
17. INFORMANT (ADDRESS) <u>George J. Clark, Kearia, Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kearia, Mo.</u> DATE <u>2-26</u> , 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>Raymond W. Hancock - Kearia, Mo.</u>					
20. FILED <u>24</u> 19 <u>33</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1933
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 5:40 a.m.

The principal cause of death and related causes of importance were as follows:
Septicemia following gunshot wound of abdomen
Date of onset
173
36 Homicide
Other contributory causes of importance:

(Name of operation) 173 Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 2/13, 1933
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gunshot
Nature of injury wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? ..
If so, specify.....
(Signed) [Signature], M.D.
(Address) [Signature]
2/24/33

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.

