

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

Do not use this space.

13747

1. PLACE OF DEATH

County Lafayette Registration District No. 464
 Township 1 Primary Registration District No. 5626
 City 1 (No. 1) St. 1 Ward 1

2. FULL NAME

Frances B. Miles
 (a) Residence, No. 1 St. 1 Ward 1
 (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>HUSBAND OF Luther C. Miles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28 - 1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayworth, Mo.</u>	
MOTHER	13. NAME <u>James H. Buckles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Annanda Wynne</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT (ADDRESS) <u>Luther C. Miles</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osessa Mo.</u> DATE <u>April 17 1933</u>	
	19. UNDERTAKER (ADDRESS) <u>Ernest Meeker Mo</u>	
	20. FILED <u>April 17 1933</u> <u>J. L. Schaub</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1933

22. I HEREBY CERTIFY that I attended deceased from April 15, 1933 to April 15, 1933
 I last saw her alive on April 16, 1933 Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:
Diabetes mel.
59
131
59
 Date of onset Several years

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ 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) J. L. Schaub, M. D.
 (Address) Lexington 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.

MAY 22 1933

2-5-33

