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.

MAY 22 1933

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

Do not use this space.

File No. 13963
Registered No. 27

1. PLACE OF DEATH
67 County Miss. Co. Registration District No. 567
Township Troy Island Primary Registration District No. 5767
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Steve Miles

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 8-1885

7. AGE: YEARS 47 | MONTHS 5 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: shore crop 23
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tensall Parish Louisiana

FATHER
13. NAME: Steve Miles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Mahala Miles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mis South Miles

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pinhook DATE: 4/23, 1933

19. UNDERTAKER (ADDRESS): Travis W Shelby East Prairie Mo

20. FILED 4-22, 1933 Duff M Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor, 19..., to ....., 19...
I last saw h— alive on ....., 19..... 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:
Family History as referred by Family
Lungs Hemorage from the Lungs one Friday, Friday 21 and the Bowels move at same time and
Other contributory causes of importance:
a Hemorage from both Lungs and Bowels as from T.B. and the family too stated none operation
Date of onset: 5 oclo
Name of operation ..... Date of .....
What test confirmed diagnosis? Hemorage 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) Duff M Hodges, Local Registrar, M. D.
(Address) East Prairie Mo.