

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

Do not use this space.

30497

1. PLACE OF DEATH

County Perry Co Registration District No. 658
 Township Delong Primary Registration District No. 5875
 City Perryville No. _____ St. _____ Ward _____

2. FULL NAME

Mary E Miles
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Perryville Mo (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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry J Miles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 - 1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>House work</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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Potosi Mo</u>	
	13. NAME <u>John Shirley</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Kanna B. DeLong</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT (ADDRESS) <u>Ruth Hogan Longview Tex</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Mount Hopeous Oct 13 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Gymna & Endres Perryville Mo</u>		
20. FILED <u>10/15/33</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1933

22. HEREBY CERTIFY, That I attended deceased from Sept 28, 1933 to Sept 30, 1933

I last saw him alive on Sept 30, 1933 Death is said

to have occurred on the date stated above, at 10:15 A.M.

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

Chronic Passive congestion of liver with chronic fatty heart

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? None 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? NO

If so, specify _____

(Signed) James T. Hogan M.D.

(Address) Longview, Texas

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.

101 20 1933

MARGIN RESERVED FOR BINDING

S. NO. 2

