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.

JAN 4 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 396 — File No. 32918
Township Ft-Osage — Primary Registration District No. 4233 — Registered No. 26
City Buckner (No. ..... St. ..... Ward)

2. FULL NAME William Benton Miles
(a) Residence, No. Buckner X Mo X Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs Emmeca Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27. 1870

7. AGE — YEARS 63 — MONTHS 4 — DAYS 3 — If LESS than 1 day, X hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pac RR
10. Date deceased last worked at this occupation (month and year) June 1928
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Mo

FATHER
13. NAME Wm Miles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Susan — (Miles)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Ruby Miles Buckner

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Buckner DATE Nov-1 33

19. UNDERTAKER (ADDRESS) V. M. Reppert Buckner Mo

20. FILED 11-10, 1933 N. Ravenscroft Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 30, 1933
I last saw him alive on Oct 30, 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:

Chronic Cystitis — Date of onset
137 — Ant
135 B — Nov
137

Other contributory causes of importance:
Enlarged Prostatic Gland

Name of operation none — Date of X
What test confirmed diagnosis? X — Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X — Date of injury X, 19 X
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) John W Robertson, M. D.
(Address) Buckner Mo