

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

Do not use this space.

**1. PLACE OF DEATH**

County Vernon  
Township  
City Nevada (No. ....)

Registration District No. 875  
Primary Registration District No. 3039

File No. 35431  
Registered No. 235 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 617 S Ash St. 1 Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. T. Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) Sept 1932 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yeading England

13. NAME William Plate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yeading England

15. MAIDEN NAME Anna Paget

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marleborough England

17. INFORMANT (ADDRESS) Geo T Miles Nevada mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cem. Nevada DATE Oct 12 1933

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada mo

20. FILED 11-8 19 33 E. O. King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 - 1933

22. I HEREBY CERTIFY, that I attended deceased from July 1933 to Oct 10 1933

I last saw her alive on Aug 16 1933 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Cancer of urinary bladder (Primary) Date of onset 9  
53

Other contributory causes of importance:

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? No

If so, specify \_\_\_\_\_

(Signed) E. O. King, M. D.

(Address) Nevada 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 10 1933

235 & 888

