

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

Do not use this space.

36862

**1. PLACE OF DEATH**

County Gasconade Registration District No. 408  
Township Carthage Primary Registration District No. 3020  
City Carthage (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

(a) Residence, No. 1628 No main St. St. .... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Myrtle McKimney</u>                                 |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Aug 17<sup>th</sup> 1892</u>   |                                  |   |
| 7. AGE   | YEARS                            | MONTHS  |
|  | <u>41</u>                        | <u>3</u>  |
|  |                                  | DAYS  |
|  |                                  | <u>12</u>   |
|  |                                  | If LESS than 1 day, ..... hrs. or ..... min.                                |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Product Business</u> |                                  |   |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>7</u>                         |                                  |   |
| 10. Date deceased last worked at this occupation (month and year)  |                                  | 11. Total time (years) spent in this occupation                             |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Frankfort Mo.</u>   |                                  |   |
| 13. NAME<br><u>James J Miles</u>   |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown</u>   |                                  |   |
| 15. MAIDEN NAME<br><u>Anna Knott</u>   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown</u>   |                                  |   |
| 17. INFORMANT<br><u>Mar James Miles</u><br>(ADDRESS)<br><u>1628 No main St</u>   |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Park Cemetery</u> DATE <u>12/11</u> 19 <u>33</u>                         |                                  |   |
| 19. UNDERTAKER<br><u>Almer Frazier</u><br>(ADDRESS)<br><u>Carthage Mo</u>  |                                  |   |
| 20. FILED <u>Nov 30</u> 19 <u>33</u> <u>J. P. Oliver</u> Registrar.  |                                  |   |

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Nov 29 1935  
I last saw him alive on Nov 29 1935 Death is said to have occurred on the date stated above; at 12:30 m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis, pulmonary Date of onset 25/7

Other contributory causes of importance:  
none

Name of operation none Date of .....  
What test confirmed diagnosis? lab 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? home (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) George H Wood, M. D.  
(Address) Carthage 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 PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1934  
4  
160  
31  
31

