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.

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

Do not use this space.

JAN 24 1935

42125

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. East Peach St. St. Ward)

Registration District No. 89
Primary Registration District No. 3607

File No.
Registered No. 261

2. FULL NAME Ethel Vera Jiles
(a) Residence, No. East Peach 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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Marcus Jiles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4, 1896

7. AGE: YEARS 38 | MONTHS 3 | DAYS 7 | If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rector Clay Co. Ark.

FATHER
13. NAME: John Bouyea
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Francis B. Morse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoddard County Missouri

17. INFORMANT (ADDRESS): Marcus Jiles East Peach St. Poplar Bluff

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Woodlawn Cemetery DATE Dec. 13, 1934

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED 12/13 1934 O. C. Cutsinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1934, to Dec 11, 1934
I last saw her alive on Dec 11, 1934. Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 (a) | |
| Acute Nephritis | ? |
| 1 (b) | |

Other contributory causes of importance:
Baby 18 days old.

Name of operation no Clinical Date of
What test confirmed diagnosis? Laboratory 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) J. Lee Harwell, M. D.
(Address) Poplar Bluff, Mo.