

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

Do not use this space.

12615

JUL 22 1935

1. PLACE OF DEATH

County Harrison Registration District No. 344
Township Redgeway Primary Registration District No. 4204
City Redgeway (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28, 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redgeway Mo

13. NAME Fred W. Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany, Mo

15. MAIDEN NAME Dorothy Booth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redgeway Mo

17. INFORMANT (ADDRESS) Fred W. Miles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownson Cemetery DATE 4/29 35

19. UNDERTAKER (ADDRESS) Wagon & Son Redgeway Mo

20. FILED 4/29 35 Let Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1935
22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935, to April 29, 1935
I last saw him live on April 28, 1935 Death is said to have occurred on the date stated above, at 9:00am.
The principal cause of death and related causes of importance were as follows:

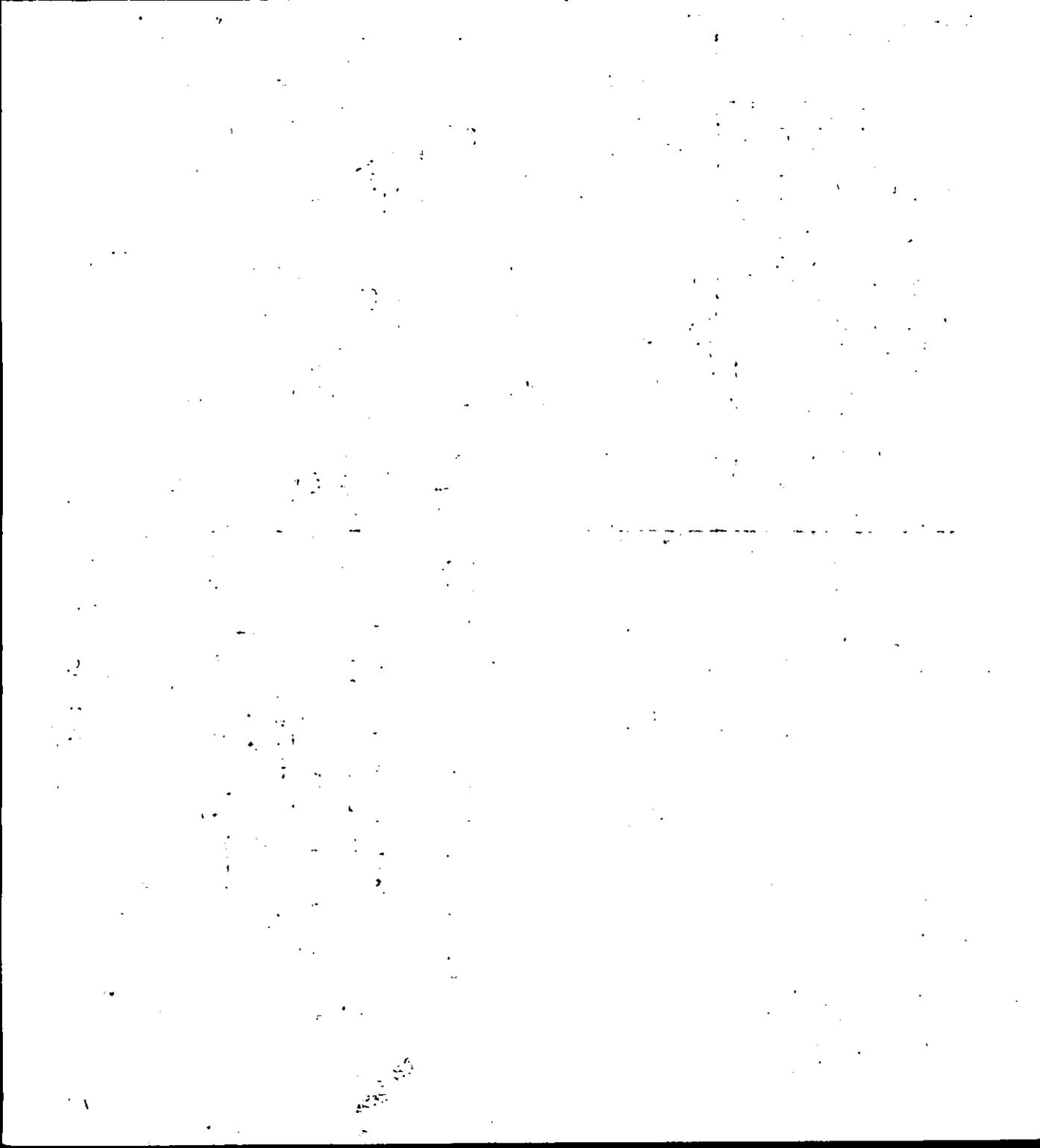
Fracture
Date of onset 4-28-35
Other contributory causes of importance: unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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? _____
If so, specify _____
(Signed) Jas. H. Harrington, M. D.
(Address) Redgeway 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.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Harrison Registration District No. 341
 Township _____ Primary Registration District No. 4204
 City Ridgway (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 5

2. FULL NAME

Fredrick Benjamin Miles
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.

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

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4/29 1933 Letta Bruen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. Last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Transition
one of set twins - mother had the 2nd - to remain
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) Joe H. Morrow M. D.
 (Address) Ridgway Mo

AUG 6 1935

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