

FEB 25 1936

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

Do not use this space.

752

3

1. PLACE OF DEATH

County Lewis
Township Benton
City (No. _____) _____ St. _____ Ward _____

Registration District No. 254
Primary Registration District No. 5358

File No. _____
Registered No. _____

2. FULL NAME Sara F. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miner Miles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9-1873</u>		
7. AGE	YEARS	MONTHS
<u>62</u>	<u>4</u>	<u>4</u>
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. <u>Housewife</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) <u>Pattonsburg Mo.</u>		
13. NAME <u>James M. Miller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Margaret Meadows</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Miner Miles Pattonburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>1007</u> DATE <u>1-15</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Ed Grover Pattonburg Mo.</u>		
20. FILED <u>1-14-36</u> 19 <u>36</u> <u>FRANCES, C. SUTTON</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1936, to Jan 18 1936
I last saw her alive on Jan 13 1936 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Jan 5-36

Other contributory causes of importance
Secondary Stasis Jan 2-36

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) Anna H. Welby, M. D.
(Address) Pattonburg Mo.

