FEB 11 1936

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

Do not use this space.

791

3757

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 1008

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo. (No. 5906a, Clemens Ave St. ..... Ward)

2. FULL NAME Mary Alice Miles

(a) Residence, No. 5906a Clemens Ave 5 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: Female

4. COLOR OR RACE: White

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) Jan. 26-1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	—	1	

OCCUPATION

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

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) Wabash Indiana

FATHER

13. NAME Dr. D. D. Miles

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

MOTHER

15. MAIDEN NAME Mary Jones

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

17. INFORMANT (ADDRESS) Mrs. H. M. Mann 5906a Clemens Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wabash Ind. DATE Jan. 29, 1936

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED JAN 28 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935, to Jan. 27, 1936

I last saw her alive on Jan. 27, 1936. Death is said to have occurred on the date stated above, at 3.30 P.m.

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

Interstitial Nephritis Chronic — Date of onset

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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? No

If so, specify .....

(Signed) E. R. Paillon, M. D.

(Address) 119 N. 7 St Louis Mo.