MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 4690

Township: — Primary Registration District No.: 1001 — Registered No.: 234

City: St. Joseph, (No. 1005 Ashland Court St. Ward)

2. FULL NAME: Benjamin P. Miles

(a) Residence, No. 1005 Ashland Court St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Addie B. Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25, 1867

7. AGE: YEARS 68 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wyeth Hdw. Co.

10. Date deceased last worked at this occupation (month and year): Feb, 1936

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dover, New Hamp.

FATHER

13. NAME: Reuben M. Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dover, New Hamp.

MOTHER

15. MAIDEN NAME: Susan Pray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dover, New Hamp.

17. INFORMANT (ADDRESS): Mrs. Addie B. Miles, 1005 Ashland Court

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Memorial Park Cem. DATE: Feb. 22, 1936.

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St., St. Joseph, Mo.

20. FILED: 2-26-1936 John R Benden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936, to Feb 19, 1936

I last saw him alive on Feb 19, 1936. Death is said to have occurred on the date stated above, at 6.00 m. P.M.

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

	Date of onset
Acute myocarditis	2/19/36
Other contributory causes of importance:	
Influenza	2/17/36

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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) Leroy Rich, M. D.

(Address) King Hill Bldg. St. Joseph 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.