

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.

MAR 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County DeWitt
Township West Kings
City Juniata Mo. (No. _____)

Registration District No. 266
Primary Registration District No. 0319

File No. 5285
Registered No. _____
St. _____ Ward _____

2. FULL NAME George W. Stiles

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>M.</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>Widowed</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) | | |
| 7. AGE | YEARS <u>76</u> | MONTHS <u>—</u> |
| | DAYS <u>—</u> | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> |
| | 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) DeWitt Co. Mo.

13. NAME Hydeveste Stiles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Strongfry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Thurs Clerk/Calum R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak Cem DATE 2-26 1936

19. UNDERTAKER (ADDRESS) none

20. FILED 2-26 1936 W. E. Rudd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1936 to Feb. 25 1936. I last saw him alive on Feb. 24 1936. Death is said to have occurred on the date stated above, at 3 p. m.

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

Hypostatic (Pneumonia)
Diffuse Broncho-pneumonia
Chronic myocarditis
Other contributory causes of importance:
Arterio-sclerosis
Arterial Hypertension

Date of case
2/24/36
2/3/36
1/16/36

Name of operation _____ Date of _____
What test confirmed diagnosis and physical as 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) Jas. W. McFarty, M. D.
(Address) Juniata Mo.

