

MAR 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. 5-76 Ash Ave)

Registration District No. 398
Primary Registration District No. 5554

File No. 5721
Registered No. 52 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Henry J. Miles St. _____ Ward _____
(Usual place of abode) 576 Ash Ave

(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 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 Mary A. Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 25 years

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) Unknown

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Mrs. E. H. Prate (ADDRESS) 576 Ash Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb 5 - 36

19. UNDERTAKER Geo. C. Carson (ADDRESS) Independence, Mo.

20. FILED 2-8- 1936 F. L. bank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31st, 1936, to Feb. 1, 1936
I last saw him alive on Feb 1st, 1936 Death is said

to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Myocarditis Acute
Atherosclerosis
Senility

Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? Clueless 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 _____, 1936

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) H. H. H. H. M. D.
(Address) 1132 1/2 Independence Ave

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.

