

MAY 20 1936

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

Do not specify age.

14702

1. PLACE OF DEATH

County Dunklin Registration District No. 284 File No. _____
 Township Independence Primary Registration District No. 5404B Registered No. _____
 City Halscomb (No. _____) St. _____ Ward _____

2. FULL NAME

Naomi Mae 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work
 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) Halscomb Mo13. NAME Bill Sisco14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Jennie Thomas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT Jim Miles
(ADDRESS) Halscomb Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Line City DATE 4/21 3619. UNDERTAKER W. H. Piggott and
(ADDRESS) _____20. FILED 5-11-36 J. L. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20 193622. I HEREBY CERTIFY, That I attended deceased from 4-18 1936 to 4-20 1936

I last saw her alive on 4-20-1936 Death is said to have occurred on the date stated above, at 4:50 p.m.

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

Intestinal Flu

Date of onset

Other contributory causes of importance:

Epileptic SeizuresName of operation None Date of _____What test confirmed diagnosis? Complete 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) W. H. Piggott M. D.(Address) Piggott Ark.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

