JUL 25 1936

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

Do not use this space.
23929

1. PLACE OF DEATH
County Randolph
Registration District No. 732
File No. 83
Township
Primary Registration District No. 4437
Registered No. 732
City Higbee, Mo. (No. , St. Ward)

2. FULL NAME Sidney Franklin 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. 6 mos. 20 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) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Annie Lee O Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1862

7. AGE YEARS 74 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.
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) College Mound, Mo.

FATHER
13. NAME Madison Miles,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Corolina.

MOTHER
15. MAIDEN NAME Mary Lunsford,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Carolina.

17. INFORMANT (ADDRESS) Mrs Fred White. Higbee, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem. DATE June 23d 1936

19. UNDERTAKER (ADDRESS) Snow Funeral Home, Moberly, Mo.

20. FILED Jun 28 1936 J. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 -36 19

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1936, to June 20, 1936
I last saw him alive on June 18, 1936. Death is said to have occurred on the date stated above, at 5.15 AM. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	12-1-35
Other contributory causes of importance:	
Organic Heart Disease	
Mitral Insufficiency	1-1934
Dropsy	

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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?
If so, specify
(Signed) C. F. Burkhalter, M. D.
(Address) Higbee 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD