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.

SEP 29 1936

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

Do not use this space.

33235

1. PLACE OF DEATH
County St. Louis Carondelet
Township
City Koch, Mo (No. Koch Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 307

2. FULL NAME Amelia Miles
(a) Residence, No. 817 S. Taylor 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul F. Miles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1890
7. AGE YEARS 45 MONTHS 7 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor
10. Date deceased last worked at this occupation (month and year) Dec 1933
11. Total time (years) spent in this occupation 9 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER
13. NAME Donald Watts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) History Koch Hospital.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Aug 4 1936
19. UNDERTAKER (ADDRESS) E J Schnur 3125 Lafayette ave.
20. FILED Aug. 1 1936 G Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to Aug 1, 1936
I last saw her alive on Aug 1, 1936. Death is said to have occurred on the date stated above, at 4:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Pulmonary Tuberculosis	Dec 1932
Tuberculosis of Spine	

Other contributory causes of importance: Z3

Name of operation Thoracoplasty Date of 11/8/35
What test confirmed diagnosis? X-Ray Sputum Was there an autopsy? 12/6/35 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) Aaron E. Landy, M. D.
(Address) Koch Hospital Koch, Mo