

FEB 16 1937

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

Do not use this space.

622
13

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 9 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Mo. No. _____ St. 3d Ward)

2. FULL NAME NILES, Lewis A.
 Veterans Administration Facility
 (a) Residence, No. Excelsior Springs, Mo. St. _____ Ward. Kansas City, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</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>Grace Niles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22, 1881</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>6</u>
	DAYS <u>7</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>Cook</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cowsee, Texas</u>		
FATHER	13. NAME <u>John Niles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Dawson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Hospital Records</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cemetery, Ft. Leavenworth, KS DATE 2-2-37</u>		
19. UNDERTAKER <u>John C. Prather</u> (ADDRESS) <u>Excelsior Springs, Mo.</u>		
20. FILED <u>1/30</u> 19 <u>37</u> <u>Lorena McCracken</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1937, 19____ to Jan. 29, 1937, 19____
 I last saw h. im alive on Jan. 29, 1937, 19____. Death is said to have occurred on the date stated above, at 4:32 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute hepatitis (cause unknown)
 Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO 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) H. C. Hardegrebe Clinical Director
 (Address) Veterans Administration Facility Excelsior Springs, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

