

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Pemiscot*Registration District No. *631*Township *Little Prairie*Primary Registration District No. *4388*City *Caruthersville*

(No.)

File No. *7513*Registered No. *10*

St. Ward)

2. FULL NAME

Benjamin Franklin Stiles(a) Residence, No. *500 East 7th* St. *3rd* 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

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*Maggie Bell Stiles*

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

Oct-7-1857

7. AGE

YEARS

79

MONTHS

3

DAYS

27

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Retired

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

Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation... *60 yrs.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Brandenburg Kentucky

13. NAME

John Stiles

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Bud Stiles, Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Caruthersville, Mo.* DATE *Feb-5-1937*

19. UNDERTAKER (ADDRESS)

La Forge Undertaking Co., Caruthersville, Mo.

20. FILED

Feb 23 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb-4-1937*22. I HEREBY CERTIFY, That I attended deceased from *Jan. 29 1937*, to *Feb. 4 1937*
last saw him alive on *Feb. 3 1937*. Death is saidto have occurred on the date stated above, at *7:02 A.m.*

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

Arterio-sclerosis

Date of onset

Other contributory causes of importance

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? *no*

If so, specify

Dr. W. P. Shiffers M. D.(Address) *Caruthersville, Mo.*

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.

