Sta MAY 7 1937

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

Do not use this space.

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File No.

Registered No. 4474

1. PLACE OF DEATH

County

Township

City St. Louis (No. Missouri Baptist Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Thomas H. Miles

(a) Residence, No. 10,525 Thorpe Ave. St., nR Ward. Overland, Mo.
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 22, 1881

7. AGE: YEARS 55 | MONTHS 4 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 1-14-37

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Thomas Miles

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

MOTHER

15. MAIDEN NAME: Carrie Hensell

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

17. INFORMANT (ADDRESS): William W. Miles, Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gorley, Ill. DATE 4-30 1937

19. UNDERTAKER (ADDRESS): BAUMANN BROS. INC. OVERLAND MO.

20. FILED APR 30 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1936, to Apr. 27, 1936

I last saw him alive on Apr. 27, 1936 Death is said to have occurred on the date stated above, at 2:35 P.m.

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

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

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Name of operation — Date of —

What test confirmed diagnosis? Physical Exp. 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

(Signed) J Curtis Lytton, M. D.

(Address) Frisco Bldg

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.

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