

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

Do not use this space.

JUN 2 1937

20065

1. PLACE OF DEATH

County Greene
Township _____
City Springfield

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 00438
St. _____ Ward _____

2. FULL NAME William Samuel Miles

(a) Residence, No. 924 So. Nettleton St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 Paul Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>✓</u>	<u>35</u>	<u>3</u>	<u>18</u>	

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Joshua Miles

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

15. MAIDEN NAME MA Nannie Williams

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

17. INFORMANT Mrs. Pearl Miles (ADDRESS) 924 So. Nettleton, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McGraw Cem DATE May 24, 1937

19. UNDERTAKER F. C. Chisney (ADDRESS) Springfield, Mo.

20. FILED May 24 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

I HEREBY CERTIFY, That I attended deceased from 4/18/37, 1937, to 5/21, 1937. I last saw him alive on 5/21, 1937. Death is said to have occurred on the date stated above, at 3 A. m.

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

Pulmonary Abscess Date of onset 2/2/37
non-tubercular

Other contributory causes of importance: Uti
Labor Pileccion 4/17/37

Name of operation None Date of _____
What test confirmed diagnosis? WBC X-Ray 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 wound
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) F. Freeman, M. D.
(Address) Springfield, Mo.

