DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 40676

Township: — Primary Registration District No.: 1001 — Registered No.: 1231

City: St. Joseph. (No. 712 No. 22nd. St. St. Ward)

2. FULL NAME Ned DeLuce Biles Sr.

(a) Residence, No. 712 No. 22nd. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Mary Kyle Biles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	76	1	14	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): April, 1937

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath, New York.

FATHER

13. NAME: Tin Eyke Biles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath, N.Y.

MOTHER

15. MAIDEN NAME: Kate Vaugdies

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisburg, Penn.

17. INFORMANT (ADDRESS): Ned D. Biles Jr. 2124 Marion St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: Nov. 8, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Nov. 8, 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3rd, 1937, to Nov. 6th, 1937

I last saw him alive on Nov. 6th, 1937. Death is said to have occurred on the date stated above, at 6.00 m. P.M.

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

Cerebral Hemorrhage — Date of onset: April 3

93C

Other contributory causes of importance:

Arteriosclerosis
Chronic Myocarditis

Name of operation: None — 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

(Signed) Ralph J. Byrne, M. D.

(Address) 301 No. 8th. St. Joseph, Mo.

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