REC'D JUN 8 1938

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

18343
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison — Registration District No. 340

(b) Township White Oak — Primary Registration District No. 4203 — Registered No.

(c) City New Hampton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME WILMA GLADYS MILES 420

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Herbert L Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1908

7. AGE: YEARS 29 — MONTHS 9 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co 0 Missouri 0

FATHER
13. NAME Martin VanHoozer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co 0 Missouri

MOTHER
15. MAIDEN NAME Sylvia Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Missouri

17. INFORMANT (ADDRESS) Herbert L Miles New Hampton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kidwell DATE May 4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W G Noble New Hampton Mo

20. FILED June 4 1938 J H Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to May 3, 1938
I last saw her alive on May 2, 1938. Death is said to have occurred on the date stated above, at 12.5 a.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of the lungs — Date of onset

Other contributory causes of importance:

23

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) R. L. Grun D.O. M.D.
308 (Address) New Hampton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NB. 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.

41
7
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W G Noble, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.