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.

REC'D JUL 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard — Registration District No. 838 — File No. 23106

Township Liberty — Primary Registration District No. 6098B — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME William Marion Miles

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

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: Lizzie Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 2, 1849

7. AGE: YEARS 88 — MONTHS 7 — DAYS 22 — 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.: Farmer
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): Indiana

FATHER

13. NAME: Frank Miles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wm. Miles, Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Valley DATE 5/26/38 19

19. UNDERTAKER (ADDRESS): Blankenship-Strickland, Dexter, Mo.

20. FILED 7/10 1938 Margaret Boone Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to May 24, 1938

I last saw him alive on May 20, 1938. Death is said to have occurred on the date stated above, at 11:30 pm

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

	Date of onset
Myo Carditis	
9 3 C	

Other contributory causes of importance:

Hypertension
Arteriosclerosis

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) S S Davis, M. D.

(Address) Dexter Mo.