

REC'D AUG 26 1938

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

26707  
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 862  
(b) Township Burdane Primary Registration District No. 6135 Registered No. 77  
(c) City Cabool (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. moa. da.

2. PRINT FULL NAME Flora L Miles 420

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF William S Miles

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1938, to 8-7, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1854

I last saw her alive on 8-7, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.

7. AGE YEARS 84 MONTHS 1 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) June, 1938  
11. Total time (years) spent in this occupation 65

Date of onset

Arteriosclerosis of aorta  
myocardial infarction  
myocardial infarction  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culver Indiana

acute arteriosclerosis 6-13-38

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Ray Miles  
Raymondville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE Aug 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord W. Elliott  
Cabool, Mo.

20. FILED Aug 10, 1938 Mrs. Clois Cunningham  
Local Registrar.

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. T. Robertson, M. D.  
(Address) Cabool, Mo.

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

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**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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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