

OCT 25 1938

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

32836

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 5-89
 (b) Township Bear Creek Primary Registration District No. 57870 Registered No. 24
 (c) City High Hill, Missouri (d) Street No. _____
 (e) Length of residence in city or town where death occurred 19 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. PRINT FULL NAME

George Washington Miles 11-2-38
 (a) Residence, No. High Hill, Missouri 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

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 Massie Miles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24th. 1851
 7. AGE YEARS 87 MONTHS _____ DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) SEPTEMBER, 1919 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) Washington Co., PENNSYLVANIA
 (STATE OR COUNTRY)

13. NAME John Miles

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

15. MAIDEN NAME Jane, Mc. Cullom

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

17. INFORMANT Myrtle Mc. Kenzies
 (ADDRESS) High Hill, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant, High Hill DATE SEPT 19, 1938

19. FUNERAL DIRECTOR Ray Means
 (ADDRESS) Springfield, Missouri

20. FILED Sept 19, 1938 Mary Lou Palmer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1938

22. HEREBY CERTIFY, That I attended deceased from Sept 13, 1938 to Sept 18, 1938
 I last saw him alive on Sept 17, 1938 Death is said

to have occurred on the date stated above, at 6 a.m.

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

Bronchial pneumonia Date of onset 9-11-38
Cerebral Hemorrhage 9-12-38

Other contributory causes of importance:

Name of operation _____ 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) James C. Helton M. D.
 (Address) New Florence, Mo

STATEMENT BY LICENSED EMBALMER

I, Ray Means....., Licensed Embalmer No. 3743
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. 3743 or by, Registered Apprentice No.
working under my personal supervision.
Signed Ray Means
Licensed Embalmer No. 3743

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.)