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.

OCT 22 1938

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

36544
Do not use this space.

1. PLACE OF DEATH
(a) County Pike
(b) Township ~~Buffalo~~
(c) City Louisiana
(d) Street No. 1410 S Car 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.

Registration District No. 689
Primary Registration District No. 3033
Registered No.

2. PRINT FULL NAME Mrs Katie Miles
(a) Residence, No. 1410 S Carolina 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Miles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/22-58
7. AGE YEARS 80 MONTHS 3 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hsmife
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) Lincoln Co Mo ~~Ill~~

FATHER
13. NAME Sam'l Weeks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Elanor Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

17. INFORMANT (ADDRESS) George Miles Louisiana Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mile Creek Lincoln Co Mo DATE 10/20 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F C Haeuf Louisiana Mo
20. FILED 10/18 1938 F C Haeuf Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to Oct 18 1938
I last saw her alive on Oct 17 1938. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

Mitral Insuf

Date of onset

Other contributory causes of importance:

Influenza

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) D M Penroon, M. D.
(Address) Louisiana Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-521
Date Filed 11-4-38

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 compl with the above constitutes grounds for revocation of license.)

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