

JAN 25 1938

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

Do not use this space.

44204<sup>0</sup>

**1. PLACE OF DEATH**

County Putnam Registration District No. 720  
Township Grant Primary Registration District No. 6234  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 17

**2. FULL NAME** Ernest Giles

(a) Residence, No. Covatsville Mo RFD Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 <u>M</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abigail Giles</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-7-1861</u>					
7. AGE		YEARS		MONTHS	
		<u>77</u>		<u>1</u>	
				DAYS	
				<u>14</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Putnam Co Mo</u>					
10. Date deceased last worked at this occupation (month and year) <u>Dec 20 1938</u>				11. Total time (years) spent in this occupation	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 - 1938  
I HEREBY CERTIFY, That I attended deceased from Dec 20 - 1938 to Dec 21 - 1938  
I last saw her alive on Dec 21 1938 Death in said to have occurred on the date stated above, at 11:30 a.m.

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

Other contributory causes of importance:

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? (W)  
If so, specify \_\_\_\_\_ (Signed) P. V. West M. D.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co Mo</u>	
FATHER	13. NAME <u>Marcus Dargatzis</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
MOTHER	15. MAIDEN NAME <u>Mary Ann Hayes</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
17. INFORMANT (ADDRESS) <u>Mrs. P. V. West Covatsville Mo</u>	
18. (BURIAL) CREMATION, OR REMOVAL PLACE <u>Hairgrave Cem</u> DATE <u>Dec 23 1938</u>	
19. UNDERTAKER (ADDRESS) <u>F. O. Husted &amp; Son Unionville Mo</u>	
20. FILED <u>Dec 31 1938</u> <u>E. E. McCellan</u> Registrar (Address) <u>Covatsville Mo</u>	

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-973

Date Filed 11/13/39